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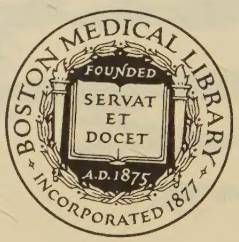

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NURSING PROBLEMS AND OBLIGATIONS

BY

SARA E. PARSONS, R.N.

Former Superintendent of the Training School for Nurses
Massachusetts General Hospital
Boston

M. BARROWS & COMPANY
BOSTON, 1928

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THIS SERIES OF TALKS IS INSCRIBED TO THE MEMORY OF MY MOTHER, WHO GAVE ME FOR A MOTTO,

"TO BE, NOT TO SEEM."

For he does not wish to seem, but to be, the noblest, reaping a rich harvest from a deep furrow in his mind, from which sprout forth excellent counsels. — *Æschylus.*

FOREWORD FOR FOURTH EDITION

As the fiftieth anniversaries of the first schools for nurses in the United States draw near, many of the problems that have sorely vexed the pioneers are approaching solution, and the last four years have been full of promise.

Rank for army nurses mentioned in the foreword of the third edition became a law June 4, 1920.

The fifty-six-hour week is now quite universally accepted by schools for their student nurses, who during their preliminary course work but little in the wards, if at all. This is far better than the old scale of hours, yet it leaves something still to be desired. It must be remembered that the lesson, lecture, and study periods still come out of the off-duty time in most schools, and a forty-eight-hour week should be the goal aimed at.

The most encouraging event in the affairs of nursing education occurred recently with the release of the Rockefeller Foundation Report on the three years' investigation into the present systems of nursing education. On the committee making the investigation were six nurses, although it was composed chiefly of physicians and educators.

A source of great satisfaction to nurses is the fact that the committee finds the same defects in the prevailing systems of which they themselves have been a long time conscious, and the committee asserts that the unnecessary household labor and needless repeti-

tion of elementary nursing routine should be eliminated from the students' course. It also plainly shows that better schools than now exist can scarcely be expected until nursing schools are endowed as are other professional institutions.

It is believed that this Report will help nursing education enormously, and thus nurses may feel that their problems will not be quite so burdensome in the future; yet their obligations to their profession and to the public but increase as new and better opportunities develop.

It seems to many that greater stress might well be placed upon the "religious motive" in our nursing schools. We have swung too far away from the spiritual verities that must actuate all true service. In this world today, seething with unrest, bitterness, hate and revenge, we are seeing as never before the necessity for broad sympathies, and prayerful nurturing of man's spiritual as well as his physical needs. The students who come to our schools should find nutriment for their own spiritual ideals, that they may in turn serve in the spirit of the Master.

SARA E. PARSONS.

September 1, 1922.

PREFACE

After working together for the sick, both in peace and in war, through so many years, it goes without saying that Miss Parsons and I agree on the points of ethics with which she deals in this book; otherwise, one of us would have convinced the other. But as a fact, I think both of us have been convinced by the same masters, by daily trial and error, by daily experience. What she here records is well founded, because it is a transcript of what any honest, intelligent nurse finds written into her life by the successes and failures of her work. When she and others have followed the path described in this book, things have gone right; otherwise, wrong.

Towards the end of the book Miss Parsons hazards some vigorous opinions as to the present limitations and future reforms of training schools for nurses. With these opinions, as well as with her ethics, I am in hearty agreement. It seems strange that people have not yet generally and generously realized the need of endowments for this branch of higher education as for every other. No one any longer supposes that a medical school can be both reputable and self-supporting. To maintain

proper standards it must be and always is endowed. Tuition fees never support a good medical school, nor will the nurses' tuition fee (paid in labor) ever suffice to provide proper training for nurses in hospitals. We are still in the dark ages here; but a fair statement of the way out, such as Miss Parsons gives us, may make the beginning of much needed reform. Many others who care for the interests and standards of nurses will be grateful as I am for this book.

Richard C. Cabot.

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This series of talks somewhat amplified is given annually to the student nurses of the Massachusetts General Hospital, and is now put into permanent form for the benefit of those nurses who have expressed a desire to have them. If, incidentally, the book proves of value to other nurses, the writer will be pleased.

She is greatly indebted to Dr. R. C. Cabot and Virginia C. Hall for criticism and encouragement while arranging the material here presented.

Sara E. Parsons.

Massachusetts General Hospital
Boston, Massachusetts
June 12, 1916

PART I
ETHICS

INTRODUCTION

The Place of Ethics in Nurses' Training

A superintendent of nurses learns with experience that having made a good choice of probationers, she must begin at once to direct their attention to the ethical aspects of their work and to prepare them for the larger professional and social activities in which they should be interested after graduation. Consequently these talks for probationers and student nurses are given during the first three or four months, following a series of talks concerning the history of nursing and the lives of Florence Nightingale, Agnes Jones, Clara Barton, Linda Richards, and some of the distinguished modern nurses.

Nothing is more inspiring and stimulating to nurses-in-the-making than the example of those who figured in the history of nursing from the time of Phœbe to the present day. Nothing can give them better appreciation of their present-day advantages.

A glimpse of what the sisters and deaconesses endured in the pursuit of their calling in the days of the early church, and some knowledge of the evolution of the nursing profession, which has been due chiefly to the work and devotion of women like Florence Nightingale, Lucy Fisher, Linda Richards, and Isabel Hampton Robb, will fire prospective nurses with reverence and enthusiasm for the occupation they have undertaken.

Abundant and fascinating material for such talks may be found in "The History of Nursing," by Nutting and Dock; "The Life of Florence Nightingale," by

Sir Edward T. Cook; "The Reminiscences of America's First Trained Nurse," by Linda Richards; and "Under the Red Cross Flag," by Mabel Boardman.

Sketches of the lives of some of our eminent pioneer nurses and of the work of some of our modern nurses, such as Sister Agnes, of Germany, and Lydia Holman, working among the mountain whites of North Carolina, will sustain the nurses' enthusiasm and give living embodiment to their ideals.

To prepare and write articles requiring research will familiarize the nurse with the literature she should read and help her to fluency of expression.

Historical and biographical data make a good foundation for the lectures on ethics which apply definitely to the work of the present-day nurse. During the senior year, when the nurses are considered in their prospective graduate activities, the ethical talks are supplemented by readings from the *American Journal of Nursing* (with which every nurse is supplied) and by class discussions according to the "case method," which is so much used in law, medicine, and social work.

This is a very practical and interesting way of teaching ethics. For this exercise it is necessary to get a few private nurses to write out a description of some of the situations in which they have found themselves that involved a professional, moral, or financial problem. The teacher assigns two or three of these cases to members of the class for discussion, putting the problems thus: "Suppose you were nursing a convalescent surgical patient in a private home, and when your patient was nearly well another member of the family had to have an operation. You are asked if you are willing

to take care of the new patient. You are on twelve-hour duty. What will be your answer?"

Or: "Supposing you are caring for an extremely wealthy patient, who offers you one of her discarded gowns. What will you do?"

The nurses think about these cases, talk them over during the week, and tell the instructor at the next recitation how they would deal with the situation. She asks their reasons and helps them to arrive at sensible conclusions, after getting opinions from the class in general.

An additional series of lessons in social service, with case discussions and visits to the homes of patients, will put the nurses in touch with other ethical aspects of their chosen work. They may thus get a glimpse of the great social problems that lie behind poverty, ignorance, and disease. The more nurses think, write, and discuss their impressions and convictions about the things they see, the more readily they will take a generous and noble view of their future work.

The aim of the superintendent should be to have her nurses so alive to the vital things of life and to their debt to the workers who have preceded them, that for their own part in life's service they will seek the work in which they can do the most good, and the people with whom they can best solve some of life's problems.

Common Faults There are certain character defects which disqualify one for nursing work. The nurse comes into too close contact with people, and her professional relations with them are too intimate and responsible, to permit much experimentation by a training school with women whose characters are not reliable.

Student nurses, like other young women, are often inconsiderate, and show their lack of consideration by not picking up after themselves, by leaving unwashed bathtubs, by borrowing without permission, etc.

Moreover, although they enter training schools voluntarily after a period of probation, knowing the rules and what is expected from the nurses, a number are careless in the observance of some of the rules, such as those regarding the retiring hour, eating in the wards, etc. Approximate accuracy satisfies the standard of many, and it is surprising to one who has been brought up to regard truth as an exact statement of fact to find how many seem to be able, with a clear conscience, to evade precise accuracy in the record of temperatures, baths given, medicines administered, etc.

There is too often a feeling that it is quite permissible to deceive and that the sin is in being caught. What constitutes real loyalty is not fully understood. Most pupils cannot justly estimate their obligations to the hospital, to the officers of the school, to the physicians, to their fellow-students, and to the patients in their relations one with another. After a nurse is detected in some flagrant offense, it is far too common to find that the nurses in general had previously been discussing among themselves the conduct of the offender. It sometimes happens that nurses are graduated and have left the hospital before the officers of the school hear what has been the subject of common gossip for months. It is then too late to protect the reputation of the school.

There are some pupils who will confidentially complain to an interne when they have been corrected or disciplined for any fault, even though they really know

such correction is merited. It is not that they dislike their head nurses or their superintendents, but the sympathy of the doctors is gratifying, and the nurses probably do not realize that their complaints are planting in the minds of the doctors seeds of dislike for the training school officers. This leads to misunderstanding and distrust oftentimes that are quite unmerited and unreasonable. That the pupil does not intend to be disloyal is quite true, but all who have had experience in hospitals know that if the internes come in close association with the pupils and head nurses, but see little of the other officials, there is usually a good deal of active antagonism on the part of the internes towards the administration.

It is not that these young men prefer to be unjust and antagonistic, for often their intentions are quite the reverse. It is simply that they have no opportunity to get any point of view except that obtained by a superficial observation of the relations between pupils and training school officers, and by what they are told by the pupils.

Of graduate nurses the most common criticisms are indiscretion of speech, extravagance in using materials, carelessness in handling the property of others, lack of judgment concerning social and business affairs, and indifference to what should be their larger professional interests.

Familiar Pitfalls

Many nurses in private practice find it hard to adjust themselves in the family, for they are not of the family and they do not belong to the domestic staff. A nurse needs badly to know where she

belongs, because the family are usually sadly at sea. The nurse who expects to be invited to take her meals with the family is as unsophisticated as the one who consents to be classed with the servants.

Many a nurse does not know whether or not to concern herself with the morals of a patient or a family whose standards do not conform to her own.

The hardest situation of all arises when the nurse finds herself subject to the orders of a doctor whom she cannot respect, or when she knows the patient is actually the victim of a doctor's incompetence. If the nurse herself is efficient and conscientious, this is indeed a most trying situation, requiring wisdom, tact, and courage.

The nurse who finds herself in a family where she is the innocent victim of a jealous wife's suspicions, or the object of an unscrupulous husband's attentions, is also in a position that calls for wisdom and discretion that a young and inexperienced nurse may not possess.

The private nurse has probably more difficult ethical problems to solve than the nurse in any other line of nursing work, but a nurse who is employed in institutions or in public health work is not without perplexities. Finding herself in an institutional environment entirely different from the school in which she was trained, she is often shocked at existing conditions. She is fortunate if she can keep a level head and look well about her before she commits any indiscretion in word or act. She may make unwise confidences and an unfortunate selection of friends at the beginning. The tendency is to jump at conclusions, to judge and criticize hastily, and to attempt revolutionary changes

before the psychological moment has arrived when it is wise to do so.

Self-Control and Self-Discipline

The superintendent of nurses who could foresee all the difficulties that her pupils will encounter when they leave their school would be a wonderful person, and still more wonderful if she could tell her nurses just exactly how to meet them. No code of ethics has been devised that has kept any profession above reproach.

The only safeguard against unwise decisions and conduct consists in the possession by an individual of certain fundamental principles directing his mode of life, and of well-established self-control and self-discipline.

The training school government should be self-government so far as possible. The student who has observed rules merely because she feared the consequences of breaking them may not have caused trouble to her teachers, but she has not stored up the strength that is going to help her when she is out in the world, where she feels no pressure of rules or authority. It is best to speak of our faults plainly and to call them by their right names. Nurses are as often criticized for faults of omission as of commission. Self-indulgence at the expense of others, laziness, and selfishness are more often the flaws that bring us to grief than the oft-quoted excuses of thoughtlessness or ignorance.

The reason that ministers, doctors, and nurses are so pitilessly criticized is because people feel that they have a right to expect much of these professions. Their relations are confidential and bring them into the most vital

experiences of the lives of those to whom they minister. And the nurse's contact is closer than the others.

The doctor and minister make their visits and leave the house before patience is exhausted, while the nurse in private practice, who is the one most criticized (and often praised, it is only just to say), is with her patient and the family at least for twelve hours and often for twenty-four, day after day. She associates with the people for whom she works at such close range that no physical, intellectual, spiritual, or professional defect can escape notice.

The circumstances are often such that fatigue, nervous and physical, exaggerates or exposes weaknesses that would under ordinary conditions lie dormant and unrecognized, even by the nurse herself.

Only the character that is built on a foundation of generosity and sweetness (if linked to intelligence, common sense, and humor) is safe in any exigency that may arise. This character foundation is seldom inherited, but must be built up by training and practice.

So few can boast of such a rare combination of desirable attributes that it behooves us to cultivate those that we have, and to eliminate so far as possible the undesirable qualities that we know we possess.

We must study the rules of life that should govern all good, self-respecting women in their relations to others, and the qualifications that lead to success.

CHAPTER I

ETHICS

"All things, therefore, whatsoever ye would that men should do unto you, even so, do ye also unto them."

You will remember in your "History of Nursing" that Dr. John S. Billings, of New York, when consulted about a code of ethics for nurses, said, "Be good women, but don't have a code of ethics." Nurses have never formulated a written code of ethics, but an understanding of current ethical standards for nurses' conduct is essential. Dr. Richard C. Cabot's definition of ethics is, "Doing what you ought to do," and a very good definition it is. It is not always easy, however, to know what one ought to do, especially while one is young in experience.

Our duties to our patients, to the doctors, and to our own consciences often seemingly conflict. When we begin to consider differing points of view we become bewildered, and many a young nurse has exclaimed, "Oh, why wasn't I told what I ought to do in these situations!"

It is impossible for any one to tell us just what we must do in any given situation, because so many circumstances must be taken into consideration. The Golden Rule, more often than anything else, will help us in deciding.

Just as the nurse must discover the underlying principles of all nursing procedures, so must she en-

deavor to learn and practice right methods of reasoning about conduct; and if she does so, she will never be quite helpless in any kind of emergency.

"Obedience to law is liberty." A nurse must guard her own individuality and freedom of soul. Freedom is not license, neither is institutional restraint slavery.

The pupil nurse who does her work to her best ability is giving a fair equivalent during most of her training for her education.

She has definite rights as well as definite obligations. There is much that she should respect, but nothing that she need fear, so long as she is entirely honorable in her personal and professional relations. Her soul should be full of courage and of aspiration.

So long as she does her work faithfully and intelligently, she need not worry about results or about opportunities. There is still plenty of room at the top. Above all, she must remember that the work needs her own interpretation, initiative, originality; anything but slavish imitation.

While in the process of training, the nurse must, of course, use the methods that have been accepted as best, but she must not for a minute suppose that what seems best today will necessarily be considered best tomorrow, and she must always hope to find some way to adjust and to readjust what she has been taught to the new conditions in which she will work.

As a graduate she should meet the world with head up, a straight glance, and a determination to find her own work in it, that she alone can do. She must believe in the value of her work if she is to overcome obstacles and give to it any distinctive touch.

Ethics and Hospital Organization

If it were possible for every person concerned in the working force of a hospital to get an adequate idea of the organization of the institution, it would be easier for each to do his part than it is when, as is usually the case, so much has to be taken for granted. Often the obstacles to individual desires seem so unreasonable that much friction results. It is no exaggeration to say that even between the staff and the trustees' administrative representatives there almost always exists a relation of polite tolerance, rather than of full understanding and coöperation. This spirit breeds misunderstanding and criticism, which are passed on indefinitely to subdepartments.

The administration seem to the staff to be arbitrary and unreasonable. The staff seem to be selfish and extravagant in their requirements and practice. The house staff stands by the visiting staff. The heads of departments stand by the administration. When we get down to the nursing force, which is the largest of all the different factions in the hospital and the most important (inasmuch as the nurses come into the closest contact with the patients and work intimately with both the administration and the staff), we find that it is difficult for the nurses to know where their allegiance lies. Conflicting demands are made upon them.

I shall try to put as simply as possible the general scheme of organization of most hospitals. The trustees are ultimately responsible for all that occurs in the hospital and for the investment and expenditure of hospital funds. If a patient is dissatisfied, his friends make their complaints to the trustees and hold them

accountable. If a nurse is rejected or disciplined by the training school, the trustees are the ultimate court of appeal.

Since this is the case, logically the trustees must select a very able administrator to direct expenditures of hospital money and to organize the departmental activities. They must demand strict accountability and place great confidence in the person chosen. Some boards of trustees make the heads of the administrative, medical, nursing, and domestic departments directly responsible to them, rather than to the administrator of the hospital. But this division of responsibilities leads to so much friction that the consensus of opinion favors a central administration vested in the superintendent of the hospital. He (or she) then chooses all subordinates subject to the approval of the trustees. It follows that the loyal support which the trustees give to the superintendent must be given in turn to the heads of all sub-departments, and so on down the line. If, however, there is inefficiency or extravagance in the hospital, the trustees hold their superintendent responsible.

The members of the staff, fully conscious of the value of their services, usually chafe at the restrictions that must be made for the sake of economy and order, and are apt to blame the superintendent of the hospital.

The head of each department naturally craves all the advantages of equipment and service for his department, and as one surveys the field, the difficulties confronting the person or committee that must decide the relative merits of the various demands appear less simple than the casual critic realizes. When requests

are refused, the administrator may seem arbitrary and unreasonable. But if the critic could see the whole picture, he would probably reserve his judgment. If each subordinate official could realize that the results of his errors in judgment or act are not borne by himself, but by the hospital, in loss of reputation and sometimes in litigation, he would adjust himself with better grace to administrative restrictions.

If every nurse realized, for example, that she does not suffer the consequences of hot-water-bag burns, but that it is the patient who bears the physical consequence and the hospital which is morally and legally responsible, she would be less ready to rely upon her own judgment and more willing to conform strictly to hospital rules concerning the application of hot-water bags.

It has been found that the more one knows of the reasons governing the technic of one's occupation, the more interest and accuracy will be put into the work. The more ways that are discovered whereby heads of departments can bring about mutual understanding concerning mutual interests, the better it will be for all departments. Understanding and coöperation are worth great pains to attain.

If the humblest worker can be made to feel that he is working *with* rather than *for* others, and that his part of the work is important, he is more likely to render good service. The less rules are applied as rules, the better the results, for we all like a feeling of freedom in our work. But when we see a reason why we should conform to rule or precedent, our conformity becomes voluntary and not compulsory.

A successful superintendent once said that the ideal administrator was a person who could direct the activities of his subordinates so that they were not conscious of direction. If a head worker can inspire in a subordinate his own vision of the end to be accomplished, he will do well to let that subordinate work out the result in his own way. Given such freedom, he will work with initiative and enthusiasm. Lacking these, he becomes a mechanical instrument instead of a thinking organism.

The solution of some of the difficulties in hospital administration is to give the different departments an insight into the problems of all the departments. Probably the time will come when every department will be represented on the executive committees of hospitals, and when men and women will more often share the responsibilities of trusteeship and administration.

Fortunately the administration is rapidly changing from the old system of autocratic control by the trustees through the superintendent, to a representative system whereby an executive committee, composed of members representing the trustees, the medical staff, and the administration, meet at intervals the heads of the different hospital departments singly or together. More intelligent and sympathetic recommendations can thus be made to the trustees for the conduct and development of the institution.

The superintendent or principal of the training school should certainly have the privilege of meeting the executive committee, if she so desires, to present the problems of her department, and there should be a strong committee representing the trustees, the

administrative staff of the hospital, and the alumnæ, to study the question of nursing education and the requirements of the school. The members of the committee should be sufficiently interested in the welfare of the school to read nursing literature and to attend the conventions of the League of Nursing Education.

TOPICS FOR CONSIDERATION

Write a list of desirable mental, physical, and moral qualities for the professional nurse.

Indicate honestly, by usual gradings, your own standing.

What are the alleged faults of Schools for Nurses?

Where does the responsibility lie?

Why are nurses subjected to so much criticism?

Why is self-government better for the individual than faculty government?

Define loyalty.

What is the usual organization of a hospital?

Why do so many parents object to their daughters studying nursing?

What advantages has the profession of nursing over some other popular professions for women?

CHAPTER II

ETHICS AND THE PROBATIONARY PERIOD

During this period of test, you as a probationer must realize that you are entering a new world, where life and death may depend upon the intelligence, fidelity, and accuracy with which the work is done. Efficiency and accuracy demand the closest attention to business every minute when "on duty." It is to insure this attention that nurses and doctors are required to conform to certain rigid rules of conduct.

Hospital Etiquette This consists of the recognition of the professional relation existing between the subordinate and a superior officer. When this relation exists in its perfection the subordinate will always be alert in rising to a superior, and will show by her expression and attitude that it is her pleasure to be of assistance to the other.

This is made easy if the superior officer is courteous and dignified in behavior. But however that may be, a nurse should never permit herself to be remiss in her own professional attitude; and if she rightly appreciates the significance of hospital etiquette, she can adapt herself to its rather unusual situations with pleasant dignity and without servility.

Every nurse permanently or temporarily in charge of a ward will then regard herself as a hostess to all others who visit the ward. To orderlies and domestics the nurse's attitude should always be considerate and

dignified. These assistants, if they perform their duties conscientiously, are worthy of every one's respect, and their work should not be made more difficult by inconsiderate treatment. There are many small ways in which the nurse can show just consideration for her co-workers, and thus win their respect and interest. The nurse who "picks up after herself" in the kitchen, who puts the tins to soak after she has emptied them, and who speaks appreciatively when the maid has made a special effort to do her work well, is establishing a habit of kindness and tact that will serve her well in many difficult situations.

On the other hand, the nurse who thoughtlessly calls an orderly away from one patient with whom he is working, and asks him to do for another something which the nurse might do herself, is creating antagonism and dislike on the part of the orderly towards herself. This does not make for harmony.

Familiarity, coaxing, or flattery is never permissible, and if indulged in shows lack of judgment or of breeding.

Health and Illness

Probationers must not feel discouraged because they get tired at first. If they have not been accustomed to active work that calls all the faculties into play as nursing does, it will take time to accustom the brain and muscles to the unusual demands made upon them. One of the advantages of hospital nursing is the comprehensive exercise of body and mind with regular habits of sleep and meals.

It is normal to get tired, and if one is rested after a night's sleep there is no cause for alarm. A nurse

should begin as a probationer to apply to herself the instruction received in hygiene. She should not spoil her appetite with candy between meals, or her night's rest with a late and hearty supper. Boxes from home are doubtful kindnesses.

Above all things, a nurse should train herself to eat everything that is wholesome and to eat what is served, without complaint, unless the food provided is so poorly chosen, cooked, or served that a complaint at the training school office is justified. It is to be remembered that it is impossible to cater to every individual taste. If boiled dinners were struck off the menu to please certain people, there are others who would feel it a deprivation.

After graduation, nurses may find their work taking them into all sorts of homes and into any country. The useful and happy nurse is the adaptable one, who does not depend too much on material comforts. This remark is not intended as an excuse for hospitals that do not provide their nurses with a good and varied diet. But nurses should realize that it is vulgar to complain, as many people do complain habitually about food, and to have one's day spoiled if a meal has not been to one's particular taste.

A nurse should be fastidiously clean and well groomed. Daily baths, with more frequent local baths and sufficient changes of clothing, are necessary. Teeth, hair, hands, and feet—all should be kept in good condition. Prophylactic treatment for the teeth is recommended. It is very important that any wound or abrasion of the skin on the hands should be promptly cleansed and protected by a collodion dressing.

The hands should always be washed and well dried before going to meals. The habit of rubbing the eyes with one's hands should be avoided, and for the sake of cleanliness the hair should be dressed in such fashion that it is not necessary to keep brushing it away from the eyes and face. An individual towel pinned under the apron should be used, and it should be remembered that individual use of hair brushes and combs is as necessary for sanitary reasons as that of individual tooth brushes.

In a new environment one is apt to have gastric or intestinal disturbances or sore throats. These conditions must not be neglected, but should be reported to the proper authorities immediately. Although nurses and doctors have often to ignore their own physical discomforts in the performance of duty, and would be unfit for their high callings if their own comfort was their first consideration, it is poor judgment to omit the "ounce of prevention" when situated so that competent advice may be secured. Also it must be remembered that one's best work cannot be done when one is conscious of one's own body all the time. There is danger, too, with heavy colds and sore throats, of spreading infection to one's associates.

Social Relations with Men

Whatever the rules of the school, nurses must expect to obey them while connected with it. If the rules prohibit the acceptance of social attentions from men met in the hospital, they have been found to be for the best good of the nurses and for the work of the hospital. If men could always be relied upon to treat other women as they would wish

their sisters treated, or if social relations between the young men and women in hospitals never interfered with the performance of duty, such rules would not be necessary. As it is, they are useful.

A nurse should be above clandestine affairs of any kind, and she may well distrust a man who offers her attentions, knowing that she cannot safely or honorably accept them because of her school obligations. It would be absurd to suppose that a nurse can spend three years in a hospital working intimately with men, under conditions that bring out all the basic human qualities, admirable and otherwise, without making friendships. But these friendships, if real, will last, in spite of social restrictions, during the time of professional relationship in the hospital.

Manner Cultivate a quiet way of moving and talking. A quiet nurse will never offend because of her quietness. A noisy person will often find herself criticized or actually disqualified for the care of certain types of patients. Hence if the fault is not corrected during training, it will make her unsuccessful in private practice or as an executive. A pupil should not feel hurt if corrected for mannerisms. On the contrary, she should seek such correction for her own sake.

Because she comes in such close contact with people who are sick, and perhaps are abnormally sensitive to the peculiarities or defects of those who serve them, it is very desirable that a nurse should have a well-bred, dignified demeanor. Lounging, leaning on furniture, carrying the hands on the hips, staring, snuffing, and various other habits of which one may be unconscious,

are awkward and are disagreeable to most people, sick or well.

The essence of good manners is to try never to do anything that might offend a fastidious person. Besides that, it is desirable to conform to the accepted standards of social custom. Some practices, such as eating with a knife or leaving the spoon in the cup, are not serious offenses, but such deviations from custom make a person conspicuous, and that is to be avoided. It is unfortunately true that in the pressure of hospital life it is easy to acquire bad manners. Many doctors, and nurses as well, who have had most careful home training become careless about many things, trifling in themselves, but extremely annoying to patients. Walking into a patient's room unannounced and needlessly exposing patients are the commonest faults. A nurse should try particularly not to err in these ways, and to be so alert that she will prevent intrusion and unnecessary discomfort for her patients.

It is often necessary for a nurse to interrupt a conversation to give some message that cannot be delayed. Of course she should always excuse herself and not break in abruptly. Sometimes it is possible to write the message and hand it to the person to whom it is to be delivered, which is the least obtrusive form of interruption.

Borrowing Never borrow as a habit and *never* without permission of the owner of the article borrowed. When one appropriates another's property without permission, borrowing is nearly as bad as stealing. The consequences are often as serious.

Do not be afraid, when in doubt or in difficulties, to refer to your head nurse, or to her substitute if the head nurse is not on duty. Other pupils may offer advice. Many errors would be avoided if probationers and young nurses never accepted instruction from any but charge nurses or supervisors.

Remember that the most valuable lessons learned by the probationer are not found in the curriculum, but are the lessons of obedience and self-restraint learned by the observance of hospital rules.

TOPICS FOR CONSIDERATION

Are all nurses subordinate in position to all physicians?

Is there any danger of confusing the social and professional relations between doctors and nurses?

Explain the difference between servility and courtesy.

Why are familiarity and coaxing undesirable ways of attaining results?

Why is it vulgar to complain habitually about food?

What is meant by prophylactic?

Why is it undesirable to rub the eyes with the hands or to brush the hair away from the face when working over patients?

What is your impression of the rules governing the social relations between student nurses and the men whom they meet in the hospital?

What are some of the outstanding differences between the behavior of those who are well-bred and ill-bred?

What is the best method of conveying a message to a busy person?

What are some of the most important lessons to be learned by a probationer?

Case for discussion

Patient, ready to be dismissed from hospital after operation, was found to have hot water burns on feet which had not been reported by interne or head nurse to superintendent of hospital or school. Patient was young married woman with baby, very much needed at home, but on account of burns would be unable to walk for weeks. When questioned neither doctor nor nurses knew who was responsible for hot water bag. Head nurse said she preferred not to know who had given hot water bag, because she would have had to report said nurse. The doctor concealed the accident for the same reason, hoping to cure the burns before the patient was otherwise well.

What might have been the consequence to the hospital? What was the injustice to the nurse who gave the hot water bag?

What action should be taken in such a case?

CHAPTER III

ETHICS AND THE STUDENT NURSE

Nurses cannot avoid exercising a moral influence. They exercise it by their characters. . . . It is what a nurse is in herself and what comes out of herself, out of what she *is* (almost without knowing it herself), that exercises a moral or religious influence over her patients.—*From "The Life of Florence Nightingale," by Sir E. T. Cook.*

The duties of the student nurse are to put in practice what she has been taught as a probationer, and to adapt herself to conditions that she has had a chance to study and that she has accepted.

We do not contend that conditions are even near-perfect in our hospitals and training schools. But we do affirm that we are working towards an ideal, and you must realize from the history of nursing that improvement depends chiefly upon the intelligence and devotion of nurses themselves and that progress takes time. It is necessary that you should visualize the patient, persistent workers, whose efforts have brought about the better educational opportunities that you now enjoy and the comfortable living conditions that make your lot a pleasant one. Do you not see yourself joining a band of people who are going to take up the work for still better education for nurses and better service for humanity?

Remember that you too are going to make history. The next three years give you the opportunity to prepare yourself adequately for your future work. Just how much you will get out of this opportunity depends

chiefly on what you are prepared to put into it. There will be many difficulties, because while work can go on without interruption in the classroom in a routine manner, in the ward equipment sometimes gives out and there are all sorts of unexpected complications. The pupil nurse finds herself confronted with several things to be done at once. A new patient waits to be received, there is a patient to be sent to the operating room, medicines are to be given, a medical visit must be attended, and so it goes.

Judgment It is this sort of thing that develops your ability to judge relative values and your power to dovetail your work. These powers will give you self-possession. To know what to do first and how to accomplish the various tasks is an art. (If you find that you cannot do all that is expected of you, or that you have forgotten a temperature or a medicine, you must have moral courage enough to be honest about it.)

In this early stage of the nurse's career, she should not be too sure of her own judgment concerning many things. She sees hospital life from one point of view only, and with very limited experience. Many of a nurse's worst grievances are those that she adopts in behalf of some friend. She hears the friend's side of the story and concludes that an injustice has been done. She hears rumors and thinks they are true. She thinks she detects bad management on the part of the training school office, and thinks she could have planned better. But she should remember that there are dozens of considerations affecting every situation. All these should enter into our judgment, since only when we are in a

position to comprehend the whole field can we realize the difficulties in arriving at wise and just conclusions.

The young nurse may be sure that the head nurses and officers chosen are the best available, and in their more responsible positions are trying to do the right thing.

Honor The unscrupulous nurse is the one who will do surface work, who records fictitious temperatures and baths, expecting to escape detection, because the officers dislike to ask patients whether the nurse has really done these things, thereby seeming to discredit the nurse. Such a nurse is, however, soon recognized by other pupil nurses, but owing to a widespread dislike of tale-bearing the knowledge is not usually reported. Patients unfortunately have a fear of reporting nurses, expecting that if they do the nurses "will take it out of them"!

This is the time when you must cherish your ideals of honor and of service, for the first year will be particularly hard in a busy hospital. Nevertheless your effort to do all the mechanical part of the work expeditiously, and as you have been taught to do it, will soon show results. There will, however, be ever new phases of nursing responsibilities, and until you have had three or four months of service in a medical and in a surgical ward, with night duties in each, you will feel very much a novice. After the first year you will feel more competent and will adapt yourself more easily to the different departments until you come to the operating room. There you will again feel like a probationer.

The pupil nurse, in order to be successful, must concentrate her mind absolutely on her patients. Hence you must endeavor to master as soon as possible the technic of the duties assigned to you. Then you can take an intelligent but not intrusive interest in all the other patients and in the ward activities not especially your duty.

You may be found alone on the ward and be confronted with an official visit. If you can answer questions intelligently, nothing will more clearly indicate your interest in the work or place you in the minds of your superior officers as a nurse who is going to be equal to larger responsibilities.

Observation As you become familiar with the ward, you will naturally observe the work of the head nurse and of the other assistants. You will see that some do their work methodically, accurately, and intelligently; that others run to and fro without accomplishing much, and that they are forgetful and sometimes, unfortunately, indifferent and unreliable.

The observer can profit by her observations. From every one she may learn something good, and by their faults she may learn what not to do or to be. She must study the needs of her patients, anticipate their wants, and show a helpful rather than a critical spirit towards her fellow-workers. She should read up her cases and study the effects of the medicines and other treatments given. Thus as she goes on she will be learning about what she is doing, why she is doing it, what results are to be looked for, and she should always note deviations from the normal.

Thoughtfulness There is great danger of doing our work mechanically. For illustration, one may see in any hospital at times some kind, well-educated, and intelligent nurse serve a tray to a one-armed or helpless patient without cutting up his food so that he can eat it. She will hurry away and never realize what she neglected to do until she returns for the tray. This is not because she is naturally unintelligent or unkind, but because she has concentrated on getting the meal served as soon as possible and she is mentally oblivious for the moment to the personal side of the work. It is observed in many instances that we have eyes to see with and ears to hear with, but if the apperceptive part of the brain is not recording impressions, the proper motor reaction does not take place.

Our hospital system is doubtless much to blame for many of the defects of our nurses. Often our equipment is inadequate, the working arrangements are inconvenient, the demands upon the nurses unreasonable. But in spite of all such handicaps, good nurses have been evolved out of these conditions. Perhaps they have been better in some ways because of the obstacles they had to overcome.

Imagination If we can think of each patient as if he were in some way of special personal interest to us, imagine him, for instance, even the relative or employee of some dear friend, we shall see him with a more illuminating comprehension. If he does not speak English, we shall see that some one visits him who can interpret for him. We shall see that his personal belongings are safely cared for. We shall

realize that for him his spectacles, his false teeth, etc., have more than their intrinsic value, and by good care and kind words we shall make him as comfortable and happy as possible.

Reliability The diagnostic use of scientific experiments and the educational use of modern research in our hospitals make it highly necessary that nurses appreciate scientific accuracy. The time, for instance, that is wasted in the laboratory on account of errors in the procuring of specimens is appalling. The nurse should realize this, and if she is found to be deliberately unreliable, she proves herself unfitted for the profession.

Moral Influence Nurses are so taken for granted in our hospital wards that their moral influence is scarcely appreciated. If the attitude of the nurses towards the patients is humane (not sentimental), even the hurried and sometimes abrupt chief will react to it. The patient should be prepared for the necessity of the routine physical examinations by a simple, kindly explanation from the nurse or doctor.

Forbearance A nurse should not wear her feelings too near the surface. She comes too close to people just as they are to expect always to receive personal courtesy or consideration. The preoccupied chief will neglect to say "Good morning!" The anxious, overstrained surgeon, be he ever so much a gentleman, may use abrupt, rough, and sometimes unjust language under temporary vexational stress. As a result of much disappointing experience, the executive may be over-

suspicious or autocratic; but "for the sake of the work" the true nurse will bear all, as did Florence Nightingale under much more trying circumstances.

Here and there we shall work with big souls who may also be big in a professional way; to help such will be a privilege worth all the necessary hardships.

Discretion Nurses and doctors are sometimes thoughtless in conversation; they discuss a patient's condition before him, thinking he does not understand or care, and sometimes believing him too ill to notice what is said. This is a great mistake. A patient may seem unconscious and yet take in quite clearly the discussion about him. Nothing should be said in his presence that may trouble or perplex him.

If a mistake has been made in treating a patient, the patient is not the person who should know it if it can be kept from him, because the anxiety and lack of confidence that he would naturally feel might be injurious to him and retard his recovery. Later it is right that he should know about it; but at the time of the blunder only one's superior officers and those who can remedy the error should be told. If a nurse makes a mistake, serious or otherwise, the least she can do to remedy her carelessness is to report at once to the head nurse or to the doctor. If her record has been good it will mitigate the personal consequences of her act, and her truthfulness and moral courage will offset in some degree her error.

The affairs of the hospital or of patients in the hospital should not be carried outside the institution except when publicity has been allowed by the hospital

authorities. When persons are in the hospital who are very important in the community or who are closely identified with the public, it is then customary to issue bulletins of their condition through the press.

Many people, however, are very sensitive about their illnesses and have a right to expect privacy. When nurses are in private practice, it is unpardonable for them to discuss their patients or the family affairs with any one else. What they learn and know should be regarded as inviolable confidence. If this lesson is not thoroughly learned by the student nurse, it is doubtful whether, as a graduate, she will ever be trustworthy in this respect.

If a patient in his weakness, or in delirium, or under the influence of an anesthetic discloses some of his past misdeeds, real or perhaps imaginary, the nurse may be obliged to listen, but she must try to forget the confidence afterwards. Such confidences must never be betrayed, and the nurse must try to act as if she had never remembered them. Patients after recovery often find it difficult to discriminate between dreams and reality, and the nurse need not commit herself beyond assuring patients that things said in delirium have been disregarded.

It sometimes befalls that a critically ill patient, fearing or anticipating death, turns to the nurse for information or consolation. He sometimes begs the nurse to tell him whether he is going to die. If the doctor is not at hand to be referred to, and if the nurse knows that the patient is not expected to live, yet fears to destroy his last chance by telling him the truth, it is a difficult situation. There are times when the nurse

cannot refer to the doctor or to the family, but must take the responsibility of answering the patient's demands. Nobody can safely say that there is *no* hope, because there have been so many instances of almost miraculous recovery when all experts had agreed that death must speedily ensue. Therefore the nurse might say: "We hope you will recover. Others as sick as you have recovered, but every one of us ought to be ready to die when the call comes; and if there is the least thing that can be done to give you ease of mind, do not neglect it."

If the patient seems anxious, the nurse may ask him if he would like to talk with some friend, a clergyman, or a priest. If the patient asks the nurse to pray with or for him, she should be ready sympathetically to do her best. She can at least pray for wisdom to deal rightly with the sick one depending upon her. If she carries with her a prayer book, she can surely find something comforting and appropriate.

The Dying Patient

The most awe-inspiring duty a nurse has to perform is the service she renders to a dying patient. A new life seems a natural phenomenon; we know something of the existence the new soul enters; but when we have done all we can for an individual who has run his life-race and reached the point where no mortal help can avail to hold the spirit back, we must as tenderly and reverently perform the last duties as we would wish them done for one of our own who might die among strangers.

No matter how many other pressing duties you may have, do not let yourself seem hard or indifferent, and

up to the very last moisten the dry lips and do everything possible that may render death easier. It is a great comfort to the patient's friends who are not present to know that some one was there at the last.

If friends are present, the nurse should have sympathetic consideration for them and do everything possible to alleviate their physical and mental distress.

TOPICS FOR CONSIDERATION

Read "Reminiscences of Linda Richards."

On what does progress in knowledge chiefly depend?

What important qualities are developed by the conflicting demands of ward work?

What is one of the most important faculties of an assistant nurse?

Give instances when assisting with a surgical dressing.

If you could, would you eliminate all the handicaps of your work? If not, why not?

Give instances in which inaccuracy on the part of a nurse will spoil scientific diagnosis.

What would you think of an interne who would play a joke on another interne by putting sugar in specimens of urine to be examined?

Name the qualities and accomplishments that have made Linda Richards a famous nurse.

Case for discussion

If a student nurse went out in the evening without permission to stay late (having already used the customary permit) and met an out-of-town friend accidentally who invited her to the theatre, under what circum-

stances would she be justified in assuming that she might accept the invitation and that her explanation would be acceptable?

Give instances when either an explanation or an apology is due to the superintendent of nurses.

CHAPTER IV

ETHICS AND THE STUDENT NURSE

Continued

There is always a best way of doing everything, if it be to boil an egg. Manners are the happy way of doing things.—*Emerson.*

Personality, Success, and Happiness

Skill and education avail little if one's personality is not pleasing. It is scarcely worth while for a woman to begin training if her personality is positively unpleasant. Every pupil does well to study herself with a view to improvement in every possible way during the three years in which she is an undergraduate.

Why do we say of certain people that their personality is attractive? Is it because they are beautiful to look at? No, most assuredly not. At the moment, I think of a nurse who was most popular with her patients, the doctors, and all her associates. To strangers she was plain and unquestionably she was awkward, yet she had magnetism and charm. As nearly as I can analyze her attraction, it lay in her goodness, her lack of self-consciousness, in her humor and originality. She was always desperately in earnest to do well whatever she had to do, and she was untiring in her efforts. She was sympathetic and intelligent with her patients, attentive and honest in her relations with the doctors. She was unselfishly interested in the nurses professionally and socially, always ready to do her share on any

occasion. She had faults which she struggled with and in the main conquered.

Study the people you know and decide what characteristics interest or antagonize you. Think how much depends upon manner, voice, appearance!

Daintiness Few of us can be beautiful, but we may all be well groomed. This in itself will be a charm and offset some defects.

Observance of the rules of hygiene will insure a good digestion, a healthy circulation, and an appearance of well-being that rests a patient.

We must remember that patients, unless desperately ill, are often hypersensitive. They may and often do have an acute sense of smell and hearing.

Voice A pleasant voice well modulated is a great attraction, and a harsh, loud voice is often the undoing of a nurse. The quality of the voice can be cultivated and the pitch is under the control of the will.

Manner A dignified but pleasantly cheerful manner imparts confidence to the patient. The nurse must shun, while on duty, any suspicion of frivolity. Her duties are too serious, and the very necessity for her presence in the ward or in the household means anxiety and sorrow. Of course it is hard for a young, high-spirited woman to remember always to be on her guard while going through corridors or when conversing with friends or relatives of her patient, to check loud laughter, jests, etc. But the necessity of dignity and reserve for "on duty" deportment is one of the most

important lessons to learn while in training. In a hospital nurses cannot be too careful, particularly at night, about talking and laughing with each other or with the doctors while on duty.

If we could always remember the point of view of the patient and the patient's family, self-control would be easier.

Some nurses err when trying to be sympathetic and reassuring to patient or friends by being unduly familiar. One may pet a child, although even children should not be imposed upon, and should never be fondled or kissed against their will. They should never be kissed on the mouth. To caress or use terms of endearment to adults is out of place and liable to cause offense. Physical contact should always be avoided except when the actual performance of duties requires it. With some patients it is difficult at times to observe a proper reserve on account of their demands; a wise nurse will be very cautious about yielding to familiarities. Some people when ill are susceptible through weakness, and would regret their own lack of reserve on recovery to health.

A wholesome appearance, a pleasantly modulated voice, taste in dress, discreet conduct added to an unselfish interest in others, with a sincere effort to be more useful in the world, will lead to success and make a personality that is agreeable.

Charity and Sincerity

An important element in happiness is a generous disposition that thinks no evil, that is ready to make due allowance for the faults and weaknesses of others. A person who is intent

on making her own conduct square up to an ideal will have little time to dwell upon the faults of others. One who is ready to put a charitable construction on the conduct of others is less likely to do an injustice and is certainly much less likely to stir up trouble. It is possible to be shrewd without being suspicious, but it is an art and an art to be long cultivated. Belief in the essential, underlying good of humanity is necessary even for shrewdness, and still more if one is to be truly optimistic and cheerful.

Cheerfulness It is needless to say that a helpful person is always appreciated. One reason why certain nurses are so often successful is because of their cheerful, comfortable temperament. They are reassuring by their mere presence. Once in a ward of surgical male patients some one asked, "Supposing there was a bottle of beer in the center of the floor, who do you suppose would get to it first?" An Irishman with a double amputation of his legs spoke up and said, "I would." The men asked him derisively how he would do it, and he said merrily, "Sure, I'd roll to it." He was an inspiration to the whole ward. A buoyant spirit makes some nurses invaluable in the sick room. They do not know the word "fail" or the word "despondency."

Can these qualities be acquired or must they be inherent? Indeed, it would be a sorry world if we could not adapt our dispositions as well as our clothing to the demands of expediency and comfort. Even the people who enjoy being miserable can say to themselves, if they realize that they make other people miserable

by their grouches, "I would rather sulk or scold, but it will not do anything but harm; so I will forget my mood, take an interest in some one else, and make myself agreeable." Of course they can do it. It is a matter of self-control and habit to a great extent.

Courtesy and Kindness

Granting that we have religious feeling, how may we best show it? Good manners, which means regard for others, and kindness, which also means unselfish service, will characterize our conduct.

We respect ourselves, so we will not be servile; but we will try to accord to all our associates the consideration that belongs to them. To our patients we will give sympathetic and intelligent care which looks deeper into the needs of each than the obvious physical disability that brings him to the hospital. We will study him as an individual and not merely as a "case." Through imagination we will try to put ourselves in his place. What has been his racial inheritance, his environment, his education, his interests, his religious training?

If you were he, how would you react to your present surroundings? Can he understand our language and our customs? Is he superstitious, terrified, and lonely? If so, will you not reassure him? Just by your expression you may assure him that he is among friends. If you cannot speak his language, you will attempt to get an interpreter to explain what the examinations mean, what the doctors are trying to do to help him, and to ask him if there is anything he wishes. You will stand between your patients and all unnecessary dis-

comforts. You will assume that they are all modest and sensitive, and give them such privacy and consideration as is within your power. In other words, you will be their friend. Your reward will be an hundredfold.

You will not be indifferent to racial and religious practices. You will show no partiality beyond discriminating between the relative needs of your patients. When you have neglected anything you will express regret, which must be sincerely felt to be effective. You will discover that in the lowliest people there exist some of the finest attributes of character—unselfishness, honesty, deep affections, and real gratitude. Look for good in every man and you will find it; indeed, you will inspire it.

You will anticipate your patient's wants so far as time permits, and the time you have depends much upon how you plan your work. Young nurses need to remember that sick patients are not able to ask for things, and it is for the nurses to take the initiative, to give the drink of water, turn the pillow, shift the sheet, draw the shade, change the position, moisten the dry mouth, support the weak knees, or to do any of the countless kindnesses that constitute real nursing, without waiting for the patient to call.

Optimism Optimism is a virtue that any individual may cultivate to his advantage, but a nurse must have it. Patients and their friends do not wish to see in the sick room a countenance that is depressing. For one who does not naturally look on the bright side the habit must be cultivated, and it can be cultivated if a person is wise enough to realize what an asset

optimism is. There are cheerful things that one can think and say always if one wills to do so. Discretion must be used, of course. No one likes a person about who is perpetually smiling or who is treating everything as a huge joke. What I am urging is a rational optimism. Perhaps I can illustrate by a personal experience.

Soon after assuming a responsible position, I found myself beset by criticisms of the pupils, which came from the supervisors and the instructors. Unfortunately for those who are training nurses, a critical attitude is unavoidable. The pupils come to learn and all their faults must be pointed out, efforts must be made to remedy them, and the superintendent must be kept informed of these same faults.

Our office had been under a heavy cloud for nearly a week; no great or serious thing had happened, but medicine bottles were not returned promptly to the apothecary, toast was burned, swathes were not always tightly and neatly pinned, sometimes pediculosis was not promptly reported. The most insistent complaint was that nurses were dilatory in getting to class and lecture.

On Sunday I went out feeling discouraged. It seemed to me everything was "going to the dogs." Nurses were no longer alert and industrious as they used to be! I happened along just as the bells were ringing for vesper service at one of our Boston churches, and I dropped in to be soothed by the music. That day, if the preacher had prepared his sermon for me, it could not have been more helpful. I have forgotten the text, but after years the sermon remains an inspiration.

The minister preached about people who permitted the defects of their friends or of the community in which they lived so to fill their vision that the virtues and beautiful aspects of character or of environment were totally obscured. I went out of church that day with a determination never to let myself forget the truths I had been listening to. I readjusted my own point of view. I could see how unjust it was to expect perfection in the first place. If three or four nurses were dilatory, why let annoyance with them kill one's joy in the forty-four or more who were prompt and attentive? Why expect a task without its problems to solve and difficulties to overcome? Just the effect of that half hour illustrates the influence of one mind over another.

How dull a bright day becomes when some one enters your room or office with drooping mouth, gloomy eyes, and a tale of hopeless woe! But there is no situation so bad but there is a way out. Sometimes a structure is so poor that it ought to be torn down, and if it is not torn down it will fall down; but if it is needed, it can be replaced and reconstructed worthily.

When one becomes so discouraged and depressed that he cannot resist the depression, the fault is within that individual and not without. He becomes a psychopath and requires treatment as such. So long as we are normal, we can and should, for the sake of our work and of our associates, look squarely but hopefully on all aspects of our work. This philosophy is needed by all. The probationer should begin with it and should cultivate it all through the evolution of her career.

Social Contact Ours is a hard task, to conserve our strength and individuality without losing the inspiration and devotion to our vocation that ennoble it. Sometimes it is easier to give up everything but one's work, to live a hard if short life, than to establish a proper balance. There are people who believe a nurse should live and dress in a more austere way than other young women, and they criticize her as frivolous if she is seen in evening dress, or indulging in the ordinary diversions enjoyed by the average young woman.

The nurse, however, can have more influence if she takes a reasonable amount of time to meet other people in social ways quite removed from nursing interests. She is likely to have a saner judgment if she rounds out her life with wholesome recreation and a certain amount of companionship with people who are interested primarily in other things than health and disease.

Moral Strength Some people, fortunately for themselves and for others, are born with moral strength, with well-balanced characters, with good judgment, even temper, and discretion. Such people happily have little difficulty in walking the "straight and narrow path"—their prayer must be for understanding and sufficient tolerance for their weaker brethren. If they do not become arrogant and self-satisfied, they are indeed rare and lovely beings. Most of us are beset with wayward tendencies, and it behooves us to "weigh our balance with an even hand" and to become acquainted with ourselves as soon as possible.

"A chain is as strong as its weakest link," and one unrecognized or serious fault may cause our downfall.

If rewards are ever to be bestowed, they ought to be given to the person who resists and conquers his weaknesses. Puritan theology, I think, is responsible for focusing our attention on certain obvious and vulgar sins or indiscretions of social origin, without due emphasis on the effects of other sins, such as suspicion and bad temper, traits of character which may ruin one's usefulness just as truly as the more vulgar faults. We should seriously ask ourselves, Are we charitable? Are we really truthful and sincere? Can we control our temper? What are our besetting faults?

One may take pleasure and recreation if one is not neglecting any duty for the sake of one's pleasure. Few things are wrong in themselves; it is the circumstance, the environment or effect or reaction, that may make the thing wrong; not wrong for everybody, but perhaps wrong for you or me.

Sometimes strength lies in running from temptation; when we cannot escape it, we can well pray for wisdom and strength to resist it. Strength grows by resistance and weakness increases with indulgence; large temptations do not dominate one's life, but small ones are always with us. Are you deliberately regardless of other people's rights and comforts? Would you borrow another person's notebook without permission? If you would and do, you are permitting a fault to flourish in your character that is as much a flaw as a worm-infested branch is to an otherwise perfect tree. Such a fault can be easily corrected. A determination to be considerate of others and to be honest with one's self is all that is necessary.

Are you indifferent to the rules that govern your position? If so, have you thought that you are setting a bad example and are not a good citizen in your community, any more than a law-breaking person is a good citizen in the state? Would you record a temperature which you had not taken? Would you say you had given a medicine or any other treatment that you had not given, supposing you felt the patient was really no worse for your fault? There may be times when it will be a temptation to do so, rather than to accept a reprimand. But I want to urge upon your understanding that it is better to receive the severest reprimand than to soil your honor and to lessen your own self-respect.

Loyalty It would be a wonderful blessing to your school if you could all determine upon a wise loyalty to the highest interests of the hospital. It would mean putting your own personal feelings aside if you ever found apparent injustice had wounded them. It is always easier for most people to seek a confidant when anything has gone wrong, but it is wiser to keep one's own counsel. Above our own interests we should put those of the hospital. And what are the hospital's interests? A hospital stands for a great charity. The trustees have assumed the responsibility of expending in the most efficient manner large sums of money given for the benefit of unfortunates. They are men of recognized ability and integrity. They select the administrator of the institution, and he in turn selects those who are to carry out the purpose of the hospital. Incidental to the care of the sick are the education of doctors and nurses and the study of disease. *Everything that*

produces friction and distrust between departments or between persons or between patients and those who care for them lessens efficiency and weakens the confidence of the philanthropic public upon whom the hospital depends for financial support. If that support should be withheld, think of the thousands of sufferers who would be deprived of the benefactions of the hospital.

First of all let us remember that it is easy to criticize, and also that there may be a point of view that we have not seen. If we think we have noticed mistakes in those above us in official positions, let us be as charitable to them as we would wish others to be towards us and our shortcomings. At least, let us aim never to be destructive until we have something constructive to suggest. Let us always give people the benefit of the doubt and put the best construction possible on a situation that seems to have more than one interpretation.

Suppose a doctor should be very cross and unreasonable sometimes; instead of thinking he is naturally disagreeable and rude, let us assume that he is overstrained by hard work, anxiety, broken rest, and irregular meals, as probably he is. Instead of meriting our dislike, he deserves our sympathy.

Suppose you think a supervisor is unreasonable and unjust; would it be better to credit her with sincerity in her criticisms and to try and profit by them, or to tell the other nurses and the internes that you think she is "horrid," and thereby make them antagonistic to her? If you do the latter your annoyance may soon fade away, and on better acquaintance or after more experience you may change your mind completely con-

cerning the supervisor. But you may have planted in the minds of others who lack your opportunity for closer acquaintance seeds of prejudice that will grow with time and bear bitter fruit. Let us try to be reasonable and to be peacemakers, instead of instigators of trouble.

When misunderstanding occurs, there is probably fault on both sides. But it arises chiefly from lack of close acquaintance and from a lack of knowledge of the necessity for business principles and for certain rules and regulations without which an institution would soon become disorganized. If they desired to do so, the pupils who work so constantly with the doctors could do much towards creating a good understanding between the medical and administrative departments.

It takes wiser and older heads than most of us have when we are pupils to see and improve our opportunities. I can only ask you when the time of temptation comes in your own experience to try to be loyal to the medical staff and to your training school officers as well. Faults they have; but after all, they more than others are trying to guard your interests. Remember that it is as unethical for you to listen to criticism by doctors of other nurses as it would be for one of the doctors to criticize to you other doctors on the staff. These are situations in which nothing is gained and much is lost by criticism.

We feel that we should be loyal to our school and to our classmates; indeed our school and its reputation depend upon this loyalty. But what is involved in this obligation? Does it mean loyalty to the school, right or wrong? Does it mean allegiance to each other regardless of moral consideration?

If you were to see another nurse neglecting or abusing a patient, or if you knew another nurse was guilty of some serious misdemeanor, would you think you ought to shield her, or would you report her at the office? Ninety-nine out of a hundred would say nothing where it would do any good. Why? Would it be because they feel it dishonorable to "tell tales" or to spoil another's career, or because they think it is none of their business? Or would it really be because they lacked the *moral courage* to do an intensely disagreeable duty? What will a diploma profit a dishonorable nurse? Why should she be protected? In my opinion our duty to our patients, to the reputation of our hospital, and to our profession looms far ahead of any possible personal consideration.

If an honest nurse sees what she knows as dishonest work, it is her duty to have a talk with the offender, whoever she may be, unless there is a student committee to whom such matters can be submitted; and to tell her that if she does not discontinue her discreditable conduct, it will be reported to the proper authorities. No one enjoys being called a sneak or underhanded, and it is much easier, if less noble, to do nothing. It takes real courage to do the right thing at the risk of unpopularity and possible enmity. A few high-minded, courageous nurses, however, could inspire an atmosphere in which dishonesty and cowardice would eventually die.

To my mind, loyalty means using every effort to make our own school the best or one of the best in the country, and that can be only if our nurses are of a high character and of superior intelligence.

Religion In hospital work there is a tendency to forget that we are not entirely physical beings. We get so little time to think of our spiritual needs we are scarcely conscious that we have them. It is a sorry person, however, that descends to a merely physical plane, and our work will suffer if it is not illumined by a consciousness of the fact that our patients demand not only physical but spiritual and mental care. This does not mean preaching or proselytizing, but it means that spiritual healing must manifest itself by a pervading atmosphere of goodness, faith, courage, and sympathy. How one shall keep her own spirit undimmed, each must decide for herself; but one must not outrage her conscience or neglect what she believes to be her duties as regards her religious observances. Every one may easily find a church home; every one may read her Bible and pray; each must seek for her inspiration from the source that yields it. Some find it in church, some in people, some in nature, and some in books.

None of us can know all the truth; we cannot all of us reach the same plane of spirituality; but we may all follow a vision of what seems to us to be God or Goodness. The most inspiring and enduring example I ever knew was a woman who never preached, but who *lived* her religion. She was a friend of the poor and suffering; she bore her sorrows and her physical disabilities with cheerful resignation. She had patience and understanding for those who were less spiritual than herself; she shared all her pleasures with others, and bore her troubles alone. Dying, she became immortal in the hearts of all who knew her.

As we differ in our temperaments, our education and inheritance, so must we differ in the externals of our religious practice; but surely the working out of our religion should result in the same essential attributes of love towards humanity and faith in God's good purposes.

TOPICS FOR CONSIDERATION

Give examples of "physical contact" that are often seen but are in bad taste.

What are the advantages and disadvantages of night duty?

How may one cultivate cheerfulness?

Enumerate some of the small attentions that contribute to a patient's comfort.

Study your own character for its weaknesses and take them into account when planning your manner of living.

Name the faults of character that are most objectionable to you.

Name some habits that may be wrong for some persons and not for others.

Name some things that lessen confidence in an institution and cause friction between workers.

Would you rather think a person better or worse than he is? Why?

In what ways may student nurses help to create good feeling between the administrative, nursing, and medical departments?

Write a short paper on what you regard as the beautiful things in the world that offset the ugly things.

Cases for discussion

Case I. A student nurse living in a suburb of the town where she was studying nursing was found to be staying out all night without permission, but came on duty promptly in the morning.

What should be done with the nurse in a case like that?

Case II. If a student nurse knows that another nurse is unkind to her patients or that she is neglecting them, what is her duty toward the patients, the school, and the nurse?

Case III. A regular night nurse once found another nurse (who was specialling an extremely suicidal patient), asleep on duty. The special had arranged herself comfortably for a nap. The regular night nurse knew that this was not the first offense, and that the special was running about daytimes instead of sleeping.

Under such circumstances what should she have done?

Case IV. A head nurse off duty was injured by an automobile accident, which she said happened when she was riding with friends whom she frequently visited. Several months later it was learned that she and a pupil nurse had taken a patient's car, invited an interne to go with them, and had met their accident while riding together.

What discipline should have been administered to the graduate and pupil nurses?

CHAPTER V

THE STUDENT NURSE AND CO-WORKERS

The best workers are those who by temperament and by personal experience of suffering and loss have come to possess an all-around point of view, not merely sympathetic, but deep-seeing—a capacity to arouse as well as to soothe.—*Dr. R. C. Cabot.*

One of the chief values of training in a large hospital is the opportunity of working with so many who come from various parts of the country. It is an education in itself to know intimately numbers of persons outside one's own particular circle. That the students have different religions, have been educated in various schools and colleges, have had such varying social experiences, makes for a fine democracy if they meet with the determination to learn from each other and to establish harmonious relationships while working for a common cause towards the same goal.

When a school contains self-supporting students who are working contentedly with those who are liberally supplied with money, and neither class is self-conscious, it is a sign that we have got down to reality, where it is character and mutual interests that count. It is good training for a young woman to have to live on a limited income, and if she be brave enough to rise above envy or covetousness she will be a stronger and happier woman as a result of her self-denial. On the other hand, if a girl who might live in luxury and spend her time in pursuit of pleasure voluntarily elects to assume hard, exacting duties and a simple manner of life for the sake

of a good preparation for usefulness, she has qualities that mark her as a woman who will leave the world better than she found it.

It pays to look for the peculiar and individual good in every one of our fellow-pupils, to keep one's faith in the essential soundness of human nature, with all its varieties and all its "queerness." We usually find what we look for, and our hospital friendships, which are based on real knowledge of our friends' characters, are among the choicest blessings of hospital life.

In contrast to the time, not many years ago, when the nurse and the doctor were the only conspicuous figures in connection with the patient in the hospital, we now have the dietitian and the social worker also. Each must know something of the other's profession in order to minister adequately to the patient's necessities. Clinical secretaries and therapeutic instructors are still newer creations of our modern system.

Physicians The nurse's attitude towards the doctor should be that of helpfulness. It is her duty to carry out his prescriptions and directions as faithfully as she knows how. She will seek to understand his orders so that she may be intelligent in her observations. She will try to be his eyes and his judgment when he is not there, so that all that should be reported to him concerning the patient may not be neglected, and that he may leave the patient in her care with an easy mind. She will anticipate his wishes and preferences so far as possible. She will also do all in her power to establish confidence in him on the part of the patient. As a young and inexperienced nurse, she will

not presume to criticize his treatment, even in her own mind. She will never criticize it to the patient.

When she becomes sufficiently experienced to detect a mistake, she will, of course, call his attention to it by asking if her understanding of the order is correct. All are liable to make errors, and where lives may be at stake each must act as a check on the other, regardless of an old supposition that doctors could not err and that a nurse had only to obey orders regardless of consequences. The nurse is the doctor's assistant, but her work is no less responsible than his. His success and the patient's recovery often depend upon her intelligent interpretation of his orders. She must not allow her work to be underestimated.

The pupil nurse's relation to the interne in a hospital, where both have competent and almost constant supervision, is much simpler than that of the graduate nurse on a private case working with a private practitioner. The nurse in the hospital always has some one to go to with her problems, if her duties to the doctors, the hospital, or to the patient seem to conflict. Outside there is usually no one. Under these conditions it is important that the nurse should keep an open mind and remember that different doctors use different methods, yet often have equally good results. She must also remember that nature, with little or no assistance, often restores very sick persons to health. The doctor's work and the nurse's work is chiefly to assist nature.

Social Workers This new-old work, now called social service, that is springing up all over the country, humanizing medical work and counteracting the frigid-

ity of science in its application to the human body, is permeating the hospitals, and its spirit is being gradually absorbed into the nursing structure. Soon it is surely going to be generally recognized as a part of the training school curriculum. Social workers are eagerly seeking the medical knowledge that will make their social work more truly effective, and are making a large contribution to the general welfare of humanity. We must meet them openmindedly to get and to give all that will make the work in which both nurses and social workers are interested more effective.

Non-professional Associates It is almost superfluous to say that a nurse should treat her non-professional associates with consideration; if she is able to make their work more interesting and their lives happier by courteous coöperation, the opportunity should not be neglected. A nurse must learn to bear herself so that an attitude of friendliness to those with whom she works may never be mistaken for personal favoritism. Hospital etiquette, with its distinctions between officers and subordinates, may be made bearable by courtesy. It is the rude chief to whom we grudge recognition of his official position. It is the rude and inconsiderate nurse who fails to obtain coöperation from the various hospital workers.

Clinical Secretaries Untrained young women of intelligence can relieve the doctors and nurses of much clerical and routine work. Managing a clinic so that the patients are seen in proper order by the doctors, making arrangements for further treatments, etc., are

time-consuming duties that have prevented doctors and nurses from devoting themselves to more technical tasks. There are altruistic young women who are willing to volunteer their services as non-resident secretaries. They make a valuable contribution both socially and economically to the hospitals which they serve.

Therapeutic Instructors These are also untrained women who learn to interpret the doctors' orders to the patients about to leave the hospital and see that the orders are carried out. If the instructions have to do with special or weighed diets, the instructor must be a specially trained person.

The patient's welfare is now looked after in some institutions by a group comprising the doctor, who diagnoses the patient's physical condition and prescribes his treatment; the social worker, who investigates and readjusts, if possible, the social conditions; the nurse, who carries out the treatment prescribed by the doctor and who may assist both the doctor and the social worker in their investigations; and the therapeutic instructor, who may be a lay person or a nurse, according to the necessities of the case.

A recognition of the value of each person's contribution to the patient's welfare will eliminate the jealousy and friction which occur when the nurses are not broad-minded and progressive.

Ward Helpers At last hospital authorities are recognizing the wisdom of relieving the student nurses of routine domestic duties that have always consumed precious time. The time might better be given to the

patients when such duties no longer have educational value to the nurse. Ward helpers have been introduced in many hospitals, and these women make empty beds, stack linen, etc. It is necessary that only the head nurse or her representative should assign and supervise their work, for it is important that their activities should be confined to non-nursing procedures.

TOPICS FOR CONSIDERATION

Why is it desirable to know people from all walks in life?

What do you understand by democracy?

Dr. Charles Fleischer, of Boston, says:—

"Democracy means an equal opportunity for all, according to ability, regardless of race, sex, color, or religion."

Could you agree to that? If not, why not?

What is the difference between a profession and a trade?

What do you think is meant by the statement: "Medicine is the noblest of professions and the meanest of trades"?

PART II

TALKS TO SENIOR NURSES

Don't think that I fail to understand and value that fine ethical side of the nurse's career; but in my knowledge that fine side of the life is developed out of experience, sorrow, struggle, and time. With women as well as with men the "noble career" is a thing of painful and laborious growth.—*"A Doctor's Table Talk," by James G. Mumford.*

There is no higher mission in life than nursing God's poor. In so doing a woman may not reach the ideals of her soul; she may fall far short of the ideals of her head; but she will go far to satisfy those longings of the heart from which no woman can escape.—*William Osler.*

CHAPTER VI

QUALIFICATIONS FOR EXECUTIVE WORK

Never seek for the soft spots or the easy places in hospital work; if you get them, you will surely lose golden experiences that will be regretted by and by, when the opportunity is gone beyond recall.—"*Nursing Ethics,*" *by Isabel Hampton Robb.*

It is time to consider seriously what you intend to do after graduation. Every nurse will naturally plan to join the nurses' alumnæ and state associations.

You will, it is hoped, always subscribe for and read the *American Journal of Nursing,* which is owned and edited by the American Nurses' Association.

It seems as if every American-born nurse, at least, should aspire to enroll in the Red Cross. It is not enough to be willing to volunteer one's services at the last minute in time of disaster. Knowing the value of preparedness, each nurse after graduation should, if old enough, put in her application to the local chapter, and should be ready in so far as these preliminary requirements go to do her part when need arises, if the occasion finds her free.

If you are going to do private nursing, there are various ways in which you may go about it. You may depend upon the doctors whom you know for cases; you may depend upon some popular commercial directory to furnish you with calls (by commercial is meant a directory run as a means of livelihood to the manager); or if the nurses have established a central direc-

tory which is run for nurses by nurses for their professional interests as well as for the convenience of doctors and the public, you should register there.

It may cost you more to support your own directory (for the nurses' directory is yours), but you will have the satisfaction of doing the professional thing. Until nurses manage their own affairs, they cannot hope to develop much business ability or to win respect as an independent professional body. If we are content to let others make rules for us and conduct our affairs, we are no better than a parasitic body. We gain independence only through experience, and experience costs in time, strength, and money.

Now that nearly every state has examinations for registration of nurses, every graduate who wishes to be eligible for any of the previously mentioned organizations will take the state board examinations as soon as possible. She will feel interested in the status of nurses in her community; if the law is poor, she will prepare to do her part towards getting it properly amended. Any nurse familiar with her *American Journal of Nursing* will use its Directory when seeking information concerning any nursing organization.

Necessity of a Background

Any artist will tell you that the background of his work must be just right or his picture will be a failure. It is a thing to be considered. The background is not the principal part of the picture, but it can spoil it. Its purpose is to bring into effective relief the rest of the work; in itself the background may be inconspicuous and give no hint of the time and thought expended upon it.

It seems to me that nurses often thwart their object of professional attainment by going at their work in a haphazard sort of way. Instead of looking ahead and considering what each ultimately wishes to accomplish, she is too apt to accept what offers immediately after graduation, without considering whether that will be the best thing in relation to what she hopes eventually to do.

My advice to all seniors is to consider carefully the field of possibilities open to them, to estimate their own talents and aspirations, and to choose as single-mindedly as if there were no question but that their lives were to be given to professional activities. The possibility of matrimony has wrecked many a career by hovering about the young woman, distracting her interest and proving in the end to be an illusion. Good professional knowledge is not wasted if marriage enters a woman's life, and if she does not marry such knowledge is distinctly an asset.

If a young graduate wishes to be an executive, it is very important for her to have several months' experience as head nurse of a ward or as an assistant superintendent in a small hospital soon after graduation. This is to establish confidence in herself; otherwise, if she does private nursing for any length of time, she is often too timid to undertake a position that involves responsibility for other people's work. A superintendent, moreover, seeking a head nurse or assistant always prefers some one who has already had some experience of that kind. The new graduate, knowing the doctors and the customs of the hospital, is more likely to succeed as a head nurse than one who has been out of

the school for some time, unless she has already made for herself an executive reputation before leaving the hospital.

Her experience before entering the training school will make some difference as to the time a nurse must spend before advancing to an important position. While creating a background, it is desirable to work in more than one hospital. It is a remarkable person who can do her best work by staying continuously in one place. The tendency under such circumstances is to contract rather than to expand. It is a good thing to have had varied experience for purposes of comparison. For those who cannot create or who have not a prophet's vision (and the majority are of that class), it is a great gift to be able to discern the good points in other people's work and to know how to adapt or to graft on new methods to familiar systems. We should all be eager to exchange ideas. The nurse who wishes to "corner" a good method for her own hospital or school solely ceases to be truly professional.

In maturing one's self for one's best work, a nurse should remember that from graduation she should keep abreast of the professional literature and participate in her professional organizations. If one does not keep up with history in the making, it is difficult to catch up later. The old graduate who does not know one nursing organization from another; who could not tell you who Isabel Hampton Robb was; who has not helped in securing registration; who has no interest in the improvement of nursing education, is not the kind of executive that is sought for in important positions.

The nurse who never writes a paper or expresses an opinion at the alumnæ meetings is not developing herself wisely. The best way to prepare for public speaking or writing is to get so full of some nursing interest that one *has* to speak for it, and to feel one's duty so strongly towards helping the nursing journals and nurses' conventions that one must write, no matter how hard it seems. Social preparation is often neglected by the nurse who aspires to hold some day an important position. The executive who has the broadest usefulness is the one who not only is an expert in her own line, but the one who has points of contact with the men and women she has to deal with. To hear good music, to see good pictures, to travel, to meet other people of different professional interests, is to prepare one's self for more effective service. The business man or woman also can give us ideas, and we need their point of view in order to solve many of our own problems.

Taking a New Position

Going to a new position, the wise nurse will try to familiarize herself as soon as possible with the ways of the place. She will seek to learn from those who are there as much as they will impart. She will appreciate all that is admirable, and will be very slow to criticize or to make changes until she has become acquainted with her co-workers and has won their confidence. She must not deceive herself by supposing that her own methods are necessarily better than others. Any receptive person will learn something new from every one she works with.

Caution in making intimate friends or confidants is desirable. There is almost always a certain amount

of jealousy and misunderstanding on the part of some of the people whom one finds in any established institution. If this comes to the surface, usually it is best to have a frank talk with the person or persons and to endeavor to win their coöperation, if possible. Justice, patience, and ability will win in the long run. Even if one gets into a seemingly impossible situation, the work should be given a fair trial before abandoning it. If one can see possibilities for good in the position, it is worth a long and hard struggle to overcome the obstacles. Sometimes it is a question of educating the public, or the trustees, or some reactionary member on a board.

If the nurse understands her problem, however; if she knows what ought to be done, and how and why it should be done, she can usually persuade the higher authorities after a time to let her have her way. Some one must be willing to redeem the waste places; and a good piece of pioneer work, or a good job of reconstruction done, is worth all it costs. When in doubt one should not act impulsively, but should take time to consult some wise professional friend who is discreet and conservative. This precaution will save many a mistake.

Women are apt to expect things to go too smoothly, and they are inclined to become easily discouraged when they are criticized or opposed. We should try hard to build up a wise philosophy and we should talk to ourselves sensibly once in a while. Criticism is good for all of us; it is wounded vanity that hurts us when criticized, but it stimulates us nevertheless. In fact, we should do our work for love of the work, and try to

meet criticism with an open mind; and as for obstacles, what work would be interesting without them?

It is a mistake to stay too long in one place. The nurse who leaves her school and puts her education to the test among strangers will come back to it, if she ever does return to her own school, much more valuable.

The Head Nurse

If every ward or separate department could be perfectly organized, what a joy institutional management would be! More than any other one person, the head nurse of a ward has an opportunity for influential work. It rests with her whether the patients are well cared for and happy (given the materials to work with). She can see personally that they are met pleasantly when they enter the ward, that they are cared for properly by the doctors and nurses, and that the ward has a homelike atmosphere which will make the patient feel that he is glad to be there, if he must be in a hospital at all.

She can be invaluable to the doctors, bearing in mind the things they might forget or overlook, seeing that orders are carried out accurately and intelligently, and that everything of importance is reported to them. When misunderstandings arise between them and the administration officers, she is in a position to explain to the physicians the reason and necessity for conforming to hospital rules, and can tell the administrators the difficulties that sometimes prevent observance of rules. Even a senior nurse has been in the hospital longer and has had more experience with the administration of hospital affairs than any interne has had. As for the nurses, the head nurse has an opportunity

to embody their ideals of what one in such a position should be. She will see, in the first place, that a new nurse coming to her ward meets her patients properly; that their condition and needs are carefully explained; that she is instructed as to the rules of the ward, shown where supplies are kept, introduced to the doctors, and taught how to do the work that is new to her. An ideal head nurse will not scold or criticize her nurses before the doctors or patients. She will give the nurse a chance to present her side of a story. She will commend what is good and criticize frankly all that is wrong in the pupil's work. She will hold her nurses to the highest standard of excellence that she knows, and will make an honest report concerning them to her superior officers when such report is due.

The head nurse will realize that a good hospital is a clean, orderly, and well-kept hospital. She will require her nurses to use supplies economically, to "pick up after themselves," and to keep the wards, furniture, and utensils clean. Any nurse who has not learned to love orderliness and good housekeeping still lacks much of having perfected her education.

The head nurse who is trying her executive abilities for the first time is laying the foundation for her future career; everything depends upon how that foundation is laid. Her daily and hourly opportunity to work for and with all these people who depend upon her according to their various needs may be made a wonderful experience by a person who rightly apprehends it.

Whoever forgets her first head nurse! As I remember mine, her image is still as vivid as it was twenty-five years ago. Kindly, dignified, courteous, thorough, skill-

ful, discriminatingly critical, patient in reason, forceful, and a splendid teacher; I still feel deeply grateful for having had her guidance and supervision during my first three months of training.

The besetting faults of head nurses are the opposite of all the virtues I mentioned as characterizing my first one. There are those who waste time at their desks and with the doctors, to the detriment of patients and student nurses.

The head nurse can and should be entirely loyal to all her responsibilities; and the wise head nurse can so coördinate them that instead of being conflicting elements they will resolve into a harmonious whole.

Supervisors and Superintendents

Usually it is the capable head nurse who has been able to direct and teach others, who has manifested loyalty to the institution and interest in the development of her work, and who has the personal and professional qualifications that indicate her fitness for larger responsibilities who is chosen for the advanced executive positions.

A nurse should desire to give to her work her very best ability, and should prepare herself as thoroughly as possible. If she is going into training school work as superintendent or instructor, she should collect the announcements of several of the best schools in the country and of those that are similar to the one she is to work in. She should, if possible, visit several hospitals, talk with the superintendents of the training schools, see the records, and discuss the problems that arise in different schools.

She should join both the National League of Nursing Education and her State League, and should have a copy of the suggested curriculum issued by the National League. Familiarity with the Department of Nursing and Health at Teachers College, Columbia University, New York City, will be very helpful as a source of up-to-date information concerning nursing and health matters. She should be familiar with the history of nursing and with the lives and names of the more prominent men and women who have figured in it. Otherwise she cannot bring to her pupils the inspiration and knowledge that she owes them.

An interest in the alumnæ activities and ability to represent her school outside the hospital are essentials. A superintendent must be in a position to know what her school needs in order to do its twofold work of caring for hospital patients and of furnishing theoretical instruction and varied practical experience to student nurses. She should be a leader in her own sphere, and should take the same share in community life that any public-spirited professional woman would take. To be too busy to belong to the Women's Club or to keep in touch with affairs of vital interest to the community is to fall short of her obligations. If the superintendent is to be a success, she must select good assistants, giving them the responsibility of administering the details of her work.

She must also have rest and recreation enough to keep herself in an equable state of mind, so that she can administer justice without rancor and can keep a serene and buoyant spirit in the midst of all her problems and perplexities.

Her correspondence must be attended to with promptness and courtesy. A helpful attitude towards those who seek advice and assistance is necessary. Time taken to see personally applicants and their friends, as well as graduates, will be well spent. Flexibility is a condition to be cultivated; and above everything a faith in the potential goodness of all human beings. If a sense of humor were a gift to be acquired, it should be placed as an essential attribute; but alas! it is a rare endowment, blessing those who possess it, but almost as inaccessible to those who are denied it as are the stars above us. Still it can be cultivated to some extent, provided we really wish to cultivate it.

When a superintendent can see no further development in the school she is conducting, she should leave it—at least long enough to renew her own forces—because the limitation lies purely with her rather than with the school. The school that does not progress goes back.

Superintendents, like all other graduate nurses, need to attend the nursing conventions for the stimulus they will get from meeting other women who are working at the same problems; it is only a survey of the whole field that will show them the relative importance of their own sphere of activity and its possibilities.

TOPICS FOR CONSIDERATION

Describe in writing the most perfect nurse you have ever known, and specify her superior qualifications.

Who are the editors of the *American Journal of Nursing?*

Why is it assumed that you will join your alumnæ and other nursing organizations?

How did the world war demonstrate the wisdom of the Red Cross Nurse Reserve?

Why was Ambrine treatment rejected in this country for a long time?

Who was Isabel Hampton Robb?

Why does general culture help a nurse in her career?

What is the relative importance of good housekeeping and good nursing in a hospital?

How may a head nurse teach?

What is the relative value of instruction from the head nurse and from the class room?

Who wrote the "History of Nursing"?

How was the Department of Nursing and Health at Teachers' College, New York, founded, and by whom endowed?

What do you count as the most important functions of a supervisor?

Cases for discussion

Case I. Miss F. went to an institution where she was associated with several physicians, one of whom was a woman. She very soon became flirtatiously intimate with one of the physicians and confidential with a nurse supervisor. She criticized and made fun of several members of the staff. For a time she was popular socially, but suddenly she found herself completely ostracized by the whole staff and learned that her confidences had been betrayed by the supervisor, and that the man she had been flirting with was engaged to the woman doctor.

What should the nurse have done before and after her exposure?

Case II. Miss S. went to a hospital to establish a school for nurses. She found a dreadful scandal which had extended over some years, associating the married chief of staff and one of the nurses.

In her case, what would you have done?

Case III. A woman applied to enter a well-known nursing school; said she had been in it six months several years previously; had left on account of health and had done private nursing ever since; had worked for the best doctors and had received the usual pay given to graduates. She was tired of private work and wished an institution position, which she couldn't get without a diploma. She could obtain recommendations from reputable physicians.

The school records showed that she had been suspended from the school and had never returned.

Should she have been readmitted? What conclusions do you draw from this incident?

CHAPTER VII

QUALIFICATIONS FOR EXECUTIVE WORK

Continued

I learn the lesson of life from a little kitten of mine, one of two. The old cat comes in and says, very cross: "I didn't ask you in here. I like to have my Missis to myself!" And he runs at them. The bigger and handsomer kitten runs away, but the littler one stands her ground, and when the old enemy comes near enough kisses his nose and makes the peace. That is the lesson of life—to kiss one's enemy's nose, always standing one's ground.—*From "The Life of Florence Nightingale," by Sir E. T. Cook.*

Dangers of Authority

Nurses in executive positions must beware of the dangers of authority. Removed a degree from the humanizing contact with patients, charged with the responsibility of developing "perfect nurses" from human material, conscientiously observing every minutest fault, they are indeed wonderful who do not become unduly autocratic, emphasizing too much the defects and too little the virtues of their students, placing too much importance on the perfection of obvious work, like the housekeeping, and apparently ignoring the kindly, sympathetic interest of the nurses in their patients. If they do not become too much involved in the details of their work to see it in its larger aspects, they are fortunate. The pressure under which superintendents and head nurses have been wont to work, and the unreasonable demands that have often been made upon them, have in many instances almost ruined fine characters and have spoiled good

executives. It is absolutely necessary to keep in good physical and mental condition in order to perform one's duties with justice and foresight.

The tendency is to rank highest the nurse who accomplishes the ward work most expeditiously; but it is a mistake not to reckon with the individual possibilities of nurses. Some who are very awkward about manual work have mental qualifications that will fit them admirably as instructors; and they may excel in many important lines of nursing work, although not in the least adapted to bedside nursing. There are others who never learn to plan their work well when they are responsible for several patients, but who do beautifully with one. Some of the pupils who are the despair of critical head nurses on account of their lack of order and ability to do finished work are very successful in private nursing because they are so adaptable temperamentally.

What the pupil does when in the hospital has a great influence on the reputation of the institution; but the superintendent must never forget that taking good care of the patients and making them happy is, in itself, not sufficient. The pupil must be so trained and instructed that when she leaves the school she will feel satisfied with her preparation for graduate work, even after she has measured her acquirements with those of graduates from other schools. She must be made to feel that her three years have been well spent.

The fetish of military discipline has exacted many a pound of flesh to the detriment of the disciplinarian and of the disciplined. Too much hard work and too much authority have often been associated with ad-

ministrative positions and have denuded them of their legitimate attractions.

Privileges of Authority

Yet these positions have great compensations. Every new class is a fresh interest. Watching the development of the student nurse to graduation and helping her to start her career is an experience that makes life worth living.

The wise superintendent will stand ready to advise and assist graduates in finding congenial occupation according to their best abilities, and if a failure is made in one position, to help the young graduate to restore herself in another.

A great effort should be made to keep in touch with the graduates of the school, both for the good of the graduate and even more for the benefit of the school. It is doubtful whether our schools of nursing have ever quite appreciated the advantages to them of a devoted, loyal body of graduates. What the graduate is and does makes the reputation of the school. The graduates should always find a true friend in the superintendent of nurses. It is desirable to have some definite time when graduates may find her in, and the hospital may wisely extend its hospitality to the alumnæ for a reunion within its walls every two or three years. In this way the nurses may see the changes that have taken place, may attend clinics and lectures that have been prepared expressly for them, and if room can be made in the dormitories so that they may stay over night, they will really feel that they are home again.

From the very first the pupil nurses should be encouraged to take a personal interest in their school.

If each class leaves behind some present of beauty and permanence in the hospital or nurses' home, the members will enjoy seeing it when they return. Such generous and friendly tokens build up associations and create an atmosphere that brings cheer and comfort to the student nurses.

There is a tendency on the part of most people to tax unnecessarily the moral strength of nurses, and they are often forced into needlessly hard situations both by superintendents and by doctors. We have found that the nurse must be taught to protect herself, if she is to be protected, and that the superintendent of nurses is the one who should prepare her pupils for what lies before them. Wherever duty really calls a nurse, it is safe to assume that strength will be given her to meet her responsibilities safely. But it should be remembered that nurses are human beings, and that although they usually have high ideals and much knowledge of life they are not unsexed.

They are, if normal, just as susceptible to luxury, to attention, and to affection as are other young women. When far away from home and friends, when weary and overstrained, perhaps they are more susceptible than others. Consequently they should be taught to avoid situations where they may be tempted to indiscretions beyond their power to resist.

It is doubtful if many young women under twenty-five ought to do private nursing, with all the uncertainties of the situations in which they may be placed. A well-conducted institution, where they will have some oversight and a chance for a fairly normal existence, with its quota of rest and wholesome recreation, or

almost any other line of nursing work, so long as their living conditions are right, will be better for the very young graduate.

Discipline The necessity for discipline is gradually disappearing from the schools where the pupils are carefully chosen. The well-bred, self-respecting young woman will wish to conform to reasonable rules except when under the stress of unusual temptation. The kind of young woman who needs much discipline ought not to be in the nursing profession, yet many such candidates are recommended to take up training by anxious parents or interested family doctors, because it is believed that the hospital discipline will be beneficial.

There is the automatic discipline of the necessary routine of hospital life, which is undoubtedly in itself of great benefit. Regularity of habit, obedience, precision, accuracy and concentration must be practiced by a nurse.

Discipline should be of permanent value, and not the kind that produces simply superficial conformity to rule; to exercise it wisely is the despair of most superintendents who cherish high ideals of responsibility to their students and to their profession. In the first place, we should ask ourselves what we mean by discipline; what we wish to accomplish by it. Do we, when annoyed or offended, wish to punish and hurt for the sake of hurting and to relieve our own feelings, or is our object to bring the offender to a realizing sense of the flaws in her conduct and to create in her a feeling of remorse and a real desire to do what is right? If the latter

is the purpose, she must not be humiliated and antagonized by a harsh correction before other people. She should be talked to frankly and severely, if the offense warrants it, but usually when alone with the superintendent.

There are exceptions, however, when a fault must be quietly spoken of before the patient, rather than later, because we must show the patient that certain things are not countenanced by the officers. But the correction should never be made with temper, or the effect will be counteracted by loss of respect for the one in authority. It is best not to wait too long after a mistake has happened or a misdemeanor has been observed before speaking about it. Accusations should always be verified and the nurse be given an opportunity to make an explanation of a seemingly culpable circumstance before she is reprimanded. It is most important for the superintendent to establish a reputation for justice; she will never do so if she listens to one side only or trusts entirely to her own observations. Due allowance should be made for individual peculiarities and temperament.

It is absurd to expect the same reaction to hospital life from a petted only child and from a girl who may be one of a large family where she has taken responsibility and is already seasoned to hard work and self-sacrifice, although some of the former class do adapt themselves readily to responsibility, rules, and regulations. We cannot hope to get a school made up of perfect beings; certain faults, one might say, are inevitable, or at least they are to be expected. We must expect to struggle with nurses to correct their deficiencies as we were struggled with ourselves.

Nurses as a class will bear comparison with any other class of people, and until they are found unfit for the profession they have chosen, it is the duty of those who supervise and instruct them to work patiently and hopefully to help them correct their faults and also with an eye of appreciation for their excellencies. If possible, the student must be made to discipline herself, to recognize the fault in herself; and that inspiration should be given which will cause her to do right because she wishes to do right. If she conforms to hospital requirements only through fear of expulsion, she will probably relapse into objectionable ways as soon as she receives her diploma.

When a nurse has made a favorable start in a training school and her work is found to deteriorate instead of improving, or if her deportment is less satisfactory, it is well before reprimanding her to find out whether she is in usual health or whether she is working under some strain that the superintendent may not know about. It is often found that flagging interest, enthusiasm, and loss of efficiency are due to fatigue, or to loss of sleep, itself the result of some private anxiety. A short vacation or an encouraging, sympathetic word may do much more than criticism.

Hospital life is so different from home life that it takes time to conform to all its varied demands. There is no other work where so much is expected of the worker. She is subject to criticism as to her appearance, her voice, her manner, and, in fact, there is nothing about her that some one does not criticize. The very restraint and tension under which she works so much of the time tend to produce a reaction to license

in deportment when she gets out of the wards. It is all to the credit of nurses that as a class there is so little to criticize. Unnecessary rules and restrictions should be abolished. Life as we find it in the working world is hard enough. Conforming voluntarily to the life of the institution and school, accepting the responsibilities of the work consciously and conscientiously, will entail practically all the discipline that should be necessary for the development of character.

There are many ways of trying to produce right living, which means a kind of living that looks after the best interests of all. Many things, perhaps, that society does not permit us to do might be right enough in themselves, but are inexpedient because they would be disturbing to the community. For instance, supposing one of you may be able to do with four hours' sleep in the twenty-four; perhaps you would like to get up at four o'clock in the morning and practice on the piano or some other instrument. There would be no crime in doing that, but it would be inconsiderate towards all those who are getting their best sleep at that hour, and it would likewise be inexpedient for any one to try it!

Fortunately that inclination is so uncommon we do not have to guard against it, but we do have to protect ourselves from those who would like to take baths after ten o'clock, and otherwise disturb the peace between ten and twelve. We could lock the bathroom doors and put out all the lights at ten. In fact, that has been done in many places; but is that method as desirable as it is to inculcate in each member of the institution family a desire to be a good member, who prefers not to be

a nuisance in the family and who will therefore voluntarily refrain from practices that are disturbing?

Prison bars are unpleasant reminders of our unlawful citizens, and they are so provocative to insane people that civilization has done away with them in the best hospitals for the insane. Although there are still people who would rather be compelled by rules and punishment and bars to be good, the best goodness is of the voluntary kind demanded by one's own conscience. The best discipline is self-inflicted discipline. The best community is the one governed by the fewest laws.

A nurse should not be disgraced by expulsion unless she is found in some flagrant fault.

There are gross moral offenses that merit expulsion about which there can be no question. Insubordination must meet the same fate, for an order once given must be obeyed unless there is good reason for reconsidering it. Cumulative inefficiency, a repetition of errors, and persistently frivolous conduct are sufficient excuse for requesting the withdrawal of a nurse from a school. Suitable punishments for minor offenses are hard to find without descending to childish or vindictive methods, which do more harm than good. With nurses, as with children, idle threats are worse than nothing, and a monotony of scolding will finally be taken as a matter of course.

It is safe to exclude any punishment that is obvious to the patients, for whom everything should be made to go smoothly, such as taking away the uniform or cap. Loss of privileges within reason or the imposition of fines may serve, and if the fines are used for the benefit of the school the effect is entirely salutary. A report

to the parents or guardian is sometimes more effective than anything else.

Some will say, "Is this all that can be done when a nurse has made a mistake or has been neglectful, rude, or insubordinate?" A good nurse will feel badly enough if she has made a mistake not to need extra punishment. If she is allowed to go on with her work, she should show that she appreciates the seriousness of errors; and if it is her first mistake, though a very serious one, and if her record is otherwise good, she should not be suspended. The mistake should be recorded, and if other errors follow it may be necessary to ask her to withdraw from the school on the ground of general inefficiency and lack of ability to improve.

Any discipline that leaves a feeling of injustice and resentment to smolder in a pupil's mind makes of that pupil many times an indifferent alumna. If criticism is just and is administered with candor and dignity, pupils may be relied upon to appreciate it in the future, if not immediately. There is no good reason why student nurses should not be made to feel that their teachers are also their friends. It is a good thing to rank a nurse on her habits of punctuality, neatness, and observance of rules, especially if the nurses are working for scholarships. It pays sometimes to make an effort to show the pupil your own point of view. The easy-going head nurse or superintendent is not the one who is remembered with affection or respect. A high standard, maintained with justice and tempered with mercy, will produce the most satisfactory results.

The greatest mistake that was made under the old system of military discipline was to administer as severe

a reprimand for some comparatively trivial fault as for one that was vitally serious. Every nurse recognizes that the minor mistakes of internes or of the staff do not bring public rebuke, nor is the offender often made to sacrifice his career, as used to be the fate of nurses when mistakes were reported.

Training schools should be self-governed schools. Unfortunately it taxes students with responsibility when off duty, and hence it would be easier to throw the responsibility of government upon the officers of the school. But the compensation for the difficulties of student-government is in moral growth and in a point of view that faculty-governed students lack. The feeling of self-government should blend itself with loyalty to the hospital and should extend into the wards. Such a sense of pride in the integrity of the student body should exist that a dishonest nurse should find it impossible to remain in the training school.

Records After a nurse has graduated, it should be possible to find her complete record as to practical and theoretical work, deportment, personality, etc. The record of theoretical work should give the subject and hours devoted to it, also the method employed, whether recitation, lecture, or laboratory.

There is a difference in opinion as to whether her faults or misdemeanors should be recorded, some believing that an injustice might be done the nurse later on and no allowance made for development and change. I feel that it is a great mistake not to record reasons when nurses have been suspended or discharged from the school or when they have been allowed to withdraw.

Any one referring to the records later can use her discretion as to the value of such facts as may be disclosed. To record favorable data is also equally helpful and important.

Nothing is of greater importance to every phase of nursing work than concise, accurate, and complete records. Even the nurse in private practice who keeps records of her cases for personal use will find them invaluable if she is ever called to the same patient twice. A successful nurse who was called for the second time, after ten or twelve years, surprised and pleased her patient very much by remembering her personal tastes and prejudices, which the nurse was able to recall by referring to her carefully preserved notebook.

For institution work the record system should be kept up to date. The data concerning nurses and all employees should be accessible, and should contain all important information concerning each person and his work. It should be possible at any hour to get information concerning the pupil nurse. Statistics and written observations concerning one's special work in whatever field may become valuable as they accumulate. Some important truth may be disclosed by a record of intelligent observations. Statistics may be made vividly interesting and are the searchlights that we turn on our obscure problems. Nothing is so convincing. Many a case has been won by the presentation of statistical facts which prove the argument.

TOPICS FOR CONSIDERATION

There are hospitals where women nurses are required to take entire care of male patients, including prepara-

tions for G. U. operations and catheterizations. There are physicians who say a nurse should care for such cases habitually.

What is your opinion, and why?

What faults have you observed among nurses that cause discomfort to the student body?

What would you suggest as a remedy?

What are the principal faults you have observed among your superior officers?

What treatment do you think a student nurse deserves who deliberately disregards the rules that make for comfort in the nurses' home?

What do you consider the weaknesses of student government?

What are the usual complaints from the nurses concerning the following hospital departments: Staff? Administration? Kitchen? Laundry? Pharmacy?

What complaints may these departments justly make concerning the nursing staff?

Could you suggest satisfactory adjustments between the nursing staff and other departments?

What are justifiable grounds for suspension or dismissal of a nurse?

Why is it better to ask for a student's resignation when possible than to dismiss her?

Name justifiable disciplinary methods.

What should be the effect sought when administering discipline?

Cases for discussion

Case I. Graduate nurse in a middle-aged professor's family. Wife a chronic invalid. Family admits nurse

to intimacies of home life. Professor asks nurse one evening before family if she will give him massage for lumbago. When in his room he made improper advances and proposals. Later begged her pardon and promised there should be no recurrence of scene if she would continue to stay in the family.

What should she have done?

Case II. A nurse was called from the directory late one night to a prominent hotel. Patient was a man guest. Nurse found him partially dressed and smoking. He said he didn't need much care—had engaged the room next to his for nurse so she need not be up all night. Nurse went to her room, which he had engaged, locked herself in, and stayed there until morning.

Do you approve of what she did? If not, why not?

CHAPTER VIII

SPECIALIZED NURSING

There is benevolent and noble work that has been done by men and women. There is hard work that has been done by men and women. Of all these, my friends, nursing is the noblest. Of all these, nursing is the hardest.—*Baron Ozawa.*

The Private Nurse and the Patient

Ordinarily the nurse is caring for a patient under a doctor's supervision, which is more or less constant, according to the condition of the patient and the doctor's confidence in the nurse. Sometimes her responsibilities are tremendously important, involving crises where life and death are at stake. It is almost superfluous to say that the nurse should enter into her part of the work with all her sympathy and intelligence. Her first care should be the comfort and well-being of the patient; her second should be an earnest effort to supplement the doctor's skill with all the knowledge she can bring to bear on the case. She must remember that doctors differ as widely as possible in their methods of treating the same disease, and instead of doubting the efficacy of a method deviating from those she has observed, she should neglect nothing that can help make the physician's work a success, and should watch with interest the result of his efforts for the patient. Personal feelings should be left at home; the nurse exists for her patient while on duty, and her care of herself should be that which will enable her to do her work to the best advantage.

It is well for the nurse to remember that the mental condition of the patient is a most important factor. Hence she should work as if recovery were the only possibility for him; she should try quietly but definitely to create an atmosphere of hopefulness; *and whatever problems present themselves in connection with her cases,* she should always take into consideration the effect of her decisions upon the patient. Whatever solution would be detrimental would probably be contra-indicated.

The patient's faith in the doctor is another important factor in recovery, and the nurse must try to foster that faith as long as she stays on the case. There are rare instances when the nurse knows that this faith is not justified; but when she can no longer coöperate sincerely with the doctor and believe that her work is for the patient's advantage, she should withdraw.

There are those who say that so far as the nurse is concerned the doctor is always infallible; that whatever may be the result of his orders, even if he makes an obvious mistake, the nurse is not responsible for the result so long as she carries out his orders literally. Such teaching is, of course, an insult to intelligence. If trained nursing means anything, it means educated observation and carefully considered opinions. A machine does not need brains; it is created by brains and is useful when skillfully manipulated. But a nurse should aim to be something better than a machine, and when she gives her loyalty it should be given with the consent of her intelligence.

A wise nurse will not judge a physician hastily and will always remember that, whatever her training as a

Miscellaneous Problems Nurses are criticized sometimes because in private practice they refuse to do many things that the family expects of them. On the other hand, they are sometimes criticized by other nurses for doing many things that are not strictly nursing duties. The conscientious young nurse may well be puzzled to know what to do or what not to do. In the first place, she must realize what her position is in a family. It is like that of a governess. Even if she be socially and intellectually the equal of the family, she is not there as a guest and should not expect to be treated like one. She is there to nurse some sick person back to health, to be a help and comfort in the family. Just how best to accomplish that end circumstances must determine.

If the patient is too ill to be left, some one must wait on the nurse. If not, she should expect to wait on herself, unless she is told that the family prefer to have the servants fetch and carry for her. She should try never to be an added burden, and she should never consider any service menial that conduces to the patient's peace of mind and that tends to his recovery.

The nurse should not object to eating at a second table or to having a tray. If asked to eat with the family, circumstances should determine the wisdom of doing so. It may be easier and pleasanter when the family are by themselves and the patient can be left alone. If there is company, it is often best that the nurse should voluntarily ask to be excused, as her presence may be distinctly incongruous. The nurse should never feel hurt or offended if not asked to the family table, for since the meal time is a time of social reunion and relaxation for the family, it is not strange

if they are more at ease and happier without a stranger to consider.

As for rules of conduct, it seems impossible to make them. Conditions differ so in every case that the nurse has to rely on her common sense, tact, social experience, and judgment. The hardest place for the nurse is undoubtedly the home of the very wealthy, where class distinctions depend upon wealth or on whether or not one works for a living. The technical part is not difficult, because the nurse has everything she requires to work with; but if she is unsophisticated, she will probably have a hard time in maintaining her self-respect and running a safe course with the servants.

Unless her patient's demands keep her busy all the time, she will need to have her own resources, for the idle nurse sitting about is the one who gets into difficulties of various kinds.

Nursing and Domestic Work

Whether the nurse should assist in the domestic work of the home or not also depends entirely on circumstances. Nurses should conscientiously consider the financial problem that sickness creates for families of moderate means. It is inconceivable that a true woman could see important things neglected that she could do, simply because they were not her particular work. Anything that needs to be done, that she can do, she should be glad to do. But that domestic work, outside of the sick room, should be regularly a part of her duties is as unreasonable as if the patient should expect the doctor to put coal in the furnace if it needed attention during his visit.

The Nurse's Compensation

A common and gross fallacy is the idea that private nurses are very well paid. Considering their preparation, their responsibilities, the amount of time they give to their patients, the irregularity of their work, and what other workers ask for their services, they are not well paid. The seamstress gets nearly as much for eight hours' work of an inexpert kind; the plumber and painter get more for an eight-hour day; and they all work on materials that cannot be compared in value to the object of the nurse's care.

All nurses realize that it is almost impossible for a person of moderate means to pay for their services for any length of time, and it is a poor type of woman who will not try very hard to make the burden as light as possible in these families. In an ordinary case the commercial side of the relation should be forgotten until it is time to present the bill, and then a fair charge should be made, taking into consideration the patient's financial condition, the character of the service rendered, the personal necessities of the nurse, and the customary rates. In some localities it is the custom of nurses to charge a certain rate per week for services, or so much per day for any time less than a week, with an extra charge for car fares and laundry. These extras are a source of considerable dissatisfaction on the part of the patients, because of the various and uncertain charges made by different nurses. Unfortunately the complaints do not go to the nurse, but are taken to the doctor and by him back to the schools or nurses' registries.

If all these minor matters could be adjusted so as to make the nurse less an object of gossip and criticism, she would gain much in dignity. A nurse knows what her incidental expenses usually are; she should know what she can afford to work for; and it would be better if she asked an amount that covers what she believes to be fair compensation for her services and kept her incidental expenditures to herself. Any nurse who works chiefly for the mercenary advantages to be gained will lose out eventually in soul-growth and all those things that are really worth while.

Temptations There are many besetting temptations for the private nurse. If she is successful, she is apt to spend most of her time in the homes of the very rich. Surrounded habitually by luxury, it is strange if she does not eventually become dependent upon it. Unless she realizes this danger and takes especial pains to keep herself in simple, wholesome ways of living when she is off duty, she may find herself later a bitter, dissatisfied, extravagant woman.

Presents Through a mistaken sense of kindness, patients often embarrass nurses by offering them presents of wearing apparel as well as of money. The inexperienced nurse may not know how to refuse them without hurting the patient's feelings. Money, if given as pay for services well rendered, does not demoralize any worker, but is an incentive to better work. But if given simply as a present, when no return can be made by the nurse, it is in doubtful taste.

Of course no hard and fast rule can be made to meet all occasions of this kind, but the nurse must realize that the jealousy of servants and various dissatisfactions might easily result in a household from the custom of receiving gifts when bestowed as "tips." In good training schools a wise rule forbids nurses and employees to receive presents from patients. Back of it are excellent reasons which do not need to be stated here. Grateful patients can find graceful ways of showing their appreciation of the nurse by remembering her at Christmas time, if their regard endures until then; and a remembrance coming in that way would undoubtedly give pleasure to any recipient, without making her uncomfortable in accepting it.

When hospital patients or their friends insist on leaving money for the nurses, the hospital authorities let them give it to the school in a way that will be of general benefit. Why should not private nurses, who do not wish to repulse the generous intentions of their patients, guide them into the very worthy and legitimate channel of offering something to the hospital or school from which the nurse graduated? A free bed in her name, a gift to the Nurses' Loan or Endowment Funds, would be a beautiful token of the patient's appreciation, while his respect and regard for the nurse would be increased if she refused these gifts for herself.

Seasonal Occupation

There are two outstanding facts about private duty nursing that should be considered before choosing this field of work.

Private nursing is a seasonal occupation and steady work cannot be relied upon. Statistics show that the

average nurse works about two-thirds of the year.

The second fact is that remuneration does not increase with length of service, therefore the private duty nurse should make provision for idle seasons and for the time when she will not feel like taking hard cases and night work. Before initiative is lost a nurse should prepare for some branch of nursing in which experience counts and in which she may hope for success as long as strength and health permit.

Organization The status of private nurses as a class is not what it could be if nurses who are doing private work would get together, work for the elimination of unethical practices among nurses, and manifest their disapprobation of those who deliberately degrade their profession. The substance of their experience and the solution of their problems should be available for younger and less experienced nurses. As it is, in the mind of the public, the private nurse stands on her individual merit. Many are respected and loved; all are valued for their technical knowledge; but as a class, though they are considered necessary, they are often dreaded and not always respected.

Nurses are not alone to blame for this condition. Society at large is partly to blame, because it has not studied the nursing situation, or concerned itself with the schools of nursing, or demanded high standards of education, refinement, and instruction. The condition under which nurses work and live in many hospitals is demoralizing. In fact, if we bring our patients and their friends into some of the so-called schools, and show them under what conditions the nurses work and live

and how little time and opportunity are given for their social and ethical development, none will wonder that there are so many nurses in the field who fall far short of the ideal represented by Florence Nightingale.

If unreasonable perfection is expected of the nurse, we can remember what Dr. James G. Mumford said in "A Doctor's Table Talk": "I often think that on account of the almost incredible intimacy which must exist between nurse and patient, the position of a nurse in private practice is one of the most difficult positions conceivable. Two young sisters, or husband and wife, are more intimate, but with these exceptions comparisons cease."

And if the situation is hard for the nurse, even though she is trained for it, how much harder is it for the patient and the patient's family, upon whom the relation is thrust by misfortune!

To adjust the difficulties that now exist, we require the combined wisdom and help of doctors, patients, and nurses. All need education, for when things go wrong the fault cannot be attributed solely to one cause or to one source.

Benefits by the Way

In the field of private nursing there are opportunities for all the talents and all the virtues ever possessed by any nurse. A woman who has the spirit of helpfulness in her heart and can see all the opportunities in the homes where she goes is a source of strength and comfort. She is sure in the course of time to make rare friendships, and if she appreciates choice things in the way of art and beauty that wealth can buy, she may get a liberal education by studying her surroundings.

She should try to understand the point of view of her private patients in connection with their heredity, environment, and education, just as she did that of her ward patients in the hospital. She will get more real satisfaction from her work if she looks at them all, regardless of environment, as people—people in trouble, whom she wishes to help.

The Public Health Nurse

If the nurse, during her training, has not been educated for this branch of work, she should take a post-graduate course of at least eight months. She needs to know more of community needs, of municipal and household sanitation, of sociology and the sources of relief, and of public health agencies than the ordinary training gives, if she is to be entirely successful in this work. Such a nurse must love people, must have optimism, sympathy, tact, and great persistence. She should not only read the *American Journal of Nursing* and belong to the state association for the sake of keeping in touch with nursing affairs in general, but she should subscribe for the *Public Health Nurse* and belong to the national and local public health associations. She should attend the conventions, should visit other health organizations, and should be well informed in her own line of work.

The Surgical Nurse

She who would specialize in this branch should seek to make herself an expert. To be thoroughly competent, with the ability to improve her department, she must make opportunities for visiting other operating rooms than those in

which she has had her training. She should know what other experts are doing and should read the literature that pertains to operating room work. She should be on the watch constantly for opportunities to improve her technic.

When a surgical nurse is going to take a new position, she is wise if she takes pains to find out what surgeons she is to work with and what their preferences are in regard to preparations, needles, and sutures. The nurse who anticipates these things has a great advantage over the one who waits to be told about them, or who assumes that she will introduce the customs in which she has been trained. It may be that she will be asked to do so, and she may or may not find that by comparison her methods are superior; but she should be very sure of her judgment before she offers criticism or suggestions.

Mental Nursing There are neglected fields of nursing which you should carefully consider. The most important of these is in the hospitals for the insane. It is probable that there is less interest in and more need of good mental nursing than of any other branch. The highest order of intelligence and the most resourceful mind will find scope in this field. It requires physical courage and mental dexterity to cope with the varied needs of the psychopath.

One only needs to imagine one's mother or father a patient mentally deranged, separated from home and family, locked in with strangers, responsibility gone, to realize what a blessing and relief it would be to feel that the nurses were intelligent enough to recognize

the patient's vagaries as abnormal. One can be sure that such nurses treat the patient with kindness, patience, and sympathy; that they will be capable of rendering companionable service and will know how to try to divert his perverted mind from morbid ideas. Yet nurses shrink from this branch of the work and are taught very little about it while in general training.

Rural Nursing Cities teem with trained nurses following the hackneyed routine of private nursing among the rich, or the more picturesque work of nursing in the slums, while the country, with its varied and interesting needs, is sadly neglected. In the remoter rural communities there are localities without doctors or nurses where the people desperately need instruction, nursing, and friendship. If nurses would plan to spend some portion of their working lives doing their share of the unpopular work in the world, their altruism would repay itself in the broader experience and outlook thus gained, and they would render a finer and more complete service to humanity.

TOPICS FOR CONSIDERATION

In what ways is a convalescent patient easily spoiled for normal activities?

Under what circumstances might it be appropriate for a nurse to accept presents from her patient, even clothing?

Why is it objectionable for a private nurse to make extra charges for laundry?

What are the objections, if any, to a sliding scale of charges?

How does mental nursing compare with general nursing?

Who are the nurses who have done the most progressive work in hospitals for the insane?

Who are the nurses best known for public health and settlement work?

What can you tell about social service in the scheme for health work?

Cases for discussion

Case I. A convalescent, parsimonious old lady wishes to see nurse always busy. Asks her to make a dressing gown for her.

What would you do in such a case, and why?

Case II. Obstetrical case in country. Patient shows every symptom of septicæmia and is constantly growing worse. Nurse believes an expert should be called in consultation; thinks patient requires curettage, but physician makes no move for consultation or operation.

What would you do in such a case?

Case III. Nurse has patient with morphine habit. Nurse can see no physical necessity for indulgence. Patient becoming more and more degraded. Physician continues to prescribe drug.

What should nurse do?

Case IV. A nurse in a private family was given a handsome evening dress by her patient, which she put on for patient's amusement. Later it was reported that the nurse dressed up in patient's clothes while patient was sick in bed.

What is your criticism of this case?

Case V. Nurse caring for surgical case in private home. While patient is convalescing another member of the family is operated on and same nurse is asked to care for him.

Should the nurse do so, and if she does, what should she charge for her services?

CHAPTER IX

MISCELLANEOUS TOPICS

In this world the one thing supremely worth having is the opportunity, coupled with the capacity, to do well and worthily a piece of work, the doing of which is of vital consequence to the welfare of mankind.—*Theodore Roosevelt.*

Moral Responsibility

Interpreted in its broadest terms, the responsibility of a nurse, whether in a family or in an institution, is to perform her work with a punctilious regard for the interests of the people for whom she is working. If actuated by the highest motives, she will subordinate all other interests for the time being. She will be even more careful of the property of others than if it were her own.

Economy

Few of us discriminate between generosity and waste, or between economy and stinginess. For example, a certain hospital superintendent took charge of an institution which he found had been wastefully administered. He instituted a régime in every department for the *elimination of waste.* To do that required inspection and close supervision, which were resented by employees, even by those with enough intelligence to have known better. Misrepresentations were spread abroad to the effect that he was depriving patients and employees of necessary comforts, etc. What he really did was to minimize waste of all kinds of supplies by a wise system of checking-up that saved the hospital thousands of dollars, which he put to use

for the patients and employees in providing a more liberal and attractive diet, more equipment, etc. In fact, he expended the funds at his disposal in such a way that they contributed in the most efficient manner to the well-being of the people who were cared for in his institution. Willful waste should be regarded as wrong as stealing.

Doubtful Policies A nurse may find herself in an institution where she cannot respect her superior officers or approve of the policy of the institution; if so, she can hardly stay in such a place permanently without conforming to the objectionable ways or seeming to condone the malpractice of other officials. It would be practically impossible to be loyal, and when loyalty is not possible the nurse should leave the institution. Even in such a case, it is not for her to judge other people's motives. But she must in all situations try to keep a clean-cut ideal of honor for herself.

Business Ethics Very many of us have lacked business training that would make us easier to deal with. All superintendents of nurses will tell you that a large majority of graduates are remiss about sending their changes of address to the training school office; yet they wonder why they do not receive reports and invitations to hospital functions. Graduates often rely on a casual verbal announcement of their change of address to some nurse who lives in the hospital, expecting the information to be transmitted to the office. The business manager of the alumnæ journal will tell you the

same story, as will the secretaries of the alumnæ and of other nurses' organizations.

To remedy this, each graduate nurse should have always on hand plenty of personal cards and envelopes, a list of the societies to which she belongs, and the periodicals to which she subscribes. Whenever she changes her address for any length of time, she should systematically write her new address (and the former address) on her cards and send them to the secretaries of the organizations of which she is a member. Full names and the year of graduation should be given.

Not all the fault, however, lies with subscribers to magazines and with members of our organizations. The secretaries are usually women untrained in secretarial duties, and they may not have good filing systems and may neglect to record new addresses. They should have a good card system and inform themselves of the most efficient way in which to perform their duties.

Women in business are given to petty economies in the use of telegrams and cabs. There are occasions when obviously conservation of time and of nervous energy are more valuable than the cost of a telegram or of a cab, especially when distances are great. Many times a superintendent wishes to fill a position, and it is most important for her to know as soon as possible whether a candidate intends to accept or reject an offer. The day or two required for a letter to reach its destination may make an immense difference in the superintendent's plans. Definite, courteous, and prompt communications are excellent recommendations for the candidate. It is equally important for the candidate to know promptly whether or not she is to be accepted.

Reliability in the matter of keeping engagements of all kinds is essential. The unbusinesslike nurse is equally annoying as an executive or in private duty. Our business engagements *should always be kept.*

Talking Shop If a nurse, when meeting friends, finds herself invariably talking shop, gossiping about doctors, nurses, and patients, she must realize that she is on the road to unhappiness and cynicism. She should at once take account of her conversational topics, and if necessary restock her supply with the subjects of good books, lectures, music, pictures, and drama. A doctor who had met a nurse at a social function was much surprised afterwards to learn that she was a nurse, since she had made no reference to "cases" or to professional gossip. On the contrary, she had conversed on many impersonal topics of general interest during the evening. This is as it should be. The nurse needs for her own refreshment hobbies, or a variety of intellectual interests that will take her quite away from the sick room in mind as well as in body.

Social Resources The nurse who has mental and social resources will find them useful when isolated with a patient, and invaluable in her work. The more points of contact the nurse has with her patient, the more successful she will be in diverting him from morbid introspection, and the less easily will she fall into the pitfall of gossip. A knowledge of games and of occupations has helped many a nurse to lead her patient happily back to health and to interest in living. Susan E. Tracy's "Studies in Invalid Occupation"

should be in the library of every nurse, for there she will find suggestions for every type of patient.

The young nurse who is still deficient in social experience can make up for it to a certain extent by a receptive attitude of mind which enables her to listen interestedly to what her patient may say; and well-chosen reading and amusements will supply her with sufficient conversational material to tide her over the convalescent period.

It will require a high sense of honor and much discretion to carry a nurse through several weeks in a sick room without lapsing into professional gossip. It will be easier to be discreet if she remembers that although her patient may listen eagerly to what she says concerning some former patient or some hospital experience, the patient will inevitably distrust such a nurse thenceforth as a person who may betray her own confidences.

Living Expenses

The nurse is rare who can resist the reaction that is almost inevitable when she receives her first salary, after three years of careful economy. The wise nurse, however, will make a budget and carefully apportion her salary, so that it will cover comfortable and decent living accommodations, other necessary personal expenses, professional expenditures, and something in the bank for unpleasant necessities, like dentistry, illness, idleness, old age, as well as for the more agreeable possibilities, such as philanthropy, vacation trips, and ordinary recreation.

Working women are always warned by the best business men to put their money in a savings bank and to leave it there as the safest place. Most nurses take

out a life insurance policy on the endowment plan and put some money in the bank to be used only for emergencies.

Professional Expenses Every nurse should put aside money to pay her club dues, her magazine subscriptions, etc., as regularly as she puts aside her money for room rent or for insurance premiums. Twenty-five or thirty dollars a year should not be considered excessive for this purpose. A nurse pays less for her professional outfit than almost any one else, and these expenses should be looked upon as necessary, even if it means fewer theater tickets.

Uniforms and Dress A suitable uniform, worn while on duty, is usually restful to the patient and identifies the nurse in the hospital or the home. The uniform should be fresh, attractive, and comfortable; there should be rubber heels to the shoes always, for the sake of quiet; starchless skirts and aprons to avoid rustling; soft collars and cuffs, for the comfort of both the nurse and patient.

Outside the sick room, except when on duty, the uniform is out of place, and the nurse who unnecessarily goes about the street or in any public place with her uniform on has lapsed from good standards. The uniform should never be worn as an advertisement, even in a good cause, since this detracts from its dignity.

A nurse should adopt a simple style of hair dressing, because it is more harmonious with a uniform and more appropriate. A nurse who appears in curl papers or is addicted to curling irons when on duty shows bad

taste and bad judgment. A brooch is the only article of jewelry permissible with a uniform, except a school pin. The watch should be carried as unobtrusively as possible. Dangling chains are in the way and ornaments are entirely out of place in a sick room as far as the nurse is concerned. There are many nurses who believe that a moderate amount of jewelry is permissible with a uniform when worn by an executive who is not dealing directly with patients. This is, of course, a matter of taste and custom. Certainly when one is lifting, bathing, and taking actual care of patients, there can be no question of what is appropriate. Scents should never be used when on duty, because even if delicate they may be objectionable to the patient. Appropriateness is the keynote, and a nurse who has not developed a sense of fitness and taste before or during her three years of training will probably outrage propriety after she is graduated by appearing on duty in embroidered collars, high heels, rings, chains, and bracelets. Possibly she will wear silk stockings when nursing a patient in a home where a mortgage has been put on the house to defray the expenses of illness. Such instances have been known.

When off duty, the nurse will naturally dress according to her taste and her circumstances; and if she is fond of "fluffy" clothes and jewelry, and is young and gay, there is more reason why she should indulge herself, provided she can afford to do so, than if she were always in society. Critics should not forget that a nurse's "on duty" hours are long and taxing. She occasionally needs complete change in order to keep her equilibrium.

Efficiency A tradition still exists to the effect that a nurse's working life is only ten years. One has only to look about and see the middle-aged nurses who are doing active work, in order to realize that such a tradition is false. There are, however, undoubtedly nurses who break down from overwork. They are the private nurses who have hard, taxing cases, and who do not rest sufficiently between them. If a nurse goes from one hard case to another, having broken sleep, irregular and often cold meals, with little or no recreation, she is bound to break down after a few years. But if she takes a good rest every year, and uses discretion in her plan of work, she can continue to work as long as women in other professions.

If she is to be successful after the first few years, she should occasionally take a post-graduate course or an institution position for a few months. She must also read her nursing and medical journals and attend the nurses' conventions whenever possible.

The institution nurse who takes the superintendency of a small hospital, and carries responsibility both day and night, as many have done in the past and as some are still doing, is almost sure to become a nervous wreck after a few years. How trustees can permit a woman to carry such a burden as some of them are carrying is inexplicable; many a superintendent is her own housekeeper, instructor, bookkeeper, and general manager, and is called at night for accidents and maternity cases, and also when patients become critically ill.

It is folly for any woman to suppose she can work in that way and do her best work, to say nothing of keeping her head clear, her disposition serene, and her

health good. She may for a while make a good financial record, but she is establishing a bad precedent that is going to make the position very hard for her successor after she has broken down. There is never a hospital so small that it should not have a graduate head nurse on duty at night. The superintendent should have at least two graduate assistants on day duty, who could help her with the housekeeping, with ward supervision, and with the instruction of the nurses.

Women would do well to observe how men conduct their business. As a rule, they take time for rest and recreation; if they do not, they also become dyspeptic or nervous wrecks.

Hints for Avoiding Trouble

Serious complaints or reports to or in an institution should always be made in writing and be signed by the person making the report. Hysterical exaggeration will in this way be reduced to facts. In estimating the ability or desirability of a student, do not rely upon superficial observation, or upon the opinion of one person. Do not believe all the stories that are told you.

Do not send disagreeable messages by a third person; talk things out face to face.

Practice courtesy.

Do not expect to be always understood or approved. If you are sincere, you will in time be appreciated.

Married Graduates

As a great many nurses are sure to leave the professional practice of their art sooner or later, they need to be acquainted with ways in which as private citizens they may use their knowledge for

the benefit of the community. The married graduate sometimes misrepresents her school unintentionally because she has neglected to keep informed as to its progress. If nurses keep in touch with their schools and with the progress of nursing activities, they can be most valuable on hospital boards, on training school committees, and in public health nursing associations. Having had inside knowledge of hospitals (yet always remembering that hospitals differ), they can interpret the hospital to the community, and as private citizens they are in the way of intelligently interpreting the needs of the community to the hospital. The value of an institution to a community depends upon the adjustment of one to the other.

The married alumna, or one who has retired to private life, can do many things for the alumnæ and state associations that the other members have not time to do. She can also hold official positions, act on committees, and do much to promote the social side of their organizations. It should be as much a matter of pride and of pleasure to do these services and to be identified with one's school and nursing interests as it is for the college alumna to maintain her collegiate interests.

When graduates settle in states remote from their training school they may often find others of their school with whom they could form branch organizations, or with whom they could at least meet socially once or twice a year.

Old Age The nurse need not fear old age if she keeps plastic in her ideas and up-to-date in her methods. A woman who does this will always be sought, and

will never have to seek positions. Many a nurse sixty or more years old is doing important, interesting work, and finding life more vitally worth while as she gains experience, friends, and a larger perspective. Julia Ward Howe said at ninety, "The deeper I drink of the cup of life, the sweeter it grows—the sugar all at the bottom."

TOPICS FOR CONSIDERATION

Record in writing the most beautiful act you have observed during your hospital experience; the saddest; the most amusing and the hatefulest.

In what way may a young graduate with limited social experience make herself companionable to a cultivated patient?

How may a nurse retain her usefulness as she grows older?

CHAPTER X

THE ACTIVITIES OF THE GRADUATE NURSE

"Educated means trained, and the better trained the workers, the better should be the product. Our aim is to produce not only a worker, but a well-developed man or woman."

The nurse who has been permitted to go through her training with no introduction to her professional organizations and literature until her senior year, is not likely to respond with ardor at that late hour to the invitation to join these organizations. The probationary period, as has been said before, is not too soon to emphasize the necessity of organized efforts in bringing about educational advancement. The pupil should be inspired to look ahead to participation in graduate activities. She should be made to see how such forces as alumnæ associations, state societies, the American Nurses' Association, the National Organization of Public Health Nurses, the National League of Nursing Education, the *American Journal of Nursing* and other forms of nursing literature, are the outgrowth of the ambition of our pioneers to make our schools better, in order that the service rendered to the community may be worthy of and adequate to the opportunities offered us.

Perhaps there is one lesson more important than any other to learn regarding participation in societies; it is the necessity of an attitude of mind that is willing to let the majority rule.

The fault with organizations in general is, that they are controlled too exclusively by small groups of people. There must be leaders, of course, but wise leaders will try to cultivate or to develop initiative in others. When strong wills clash or opinions decidedly differ about important policies, there should be free and full discussion, after which the majority vote must decide on the final action for the society.

The spirit shown by the defeated contestants will indicate how valuable they are to the association. Those who are true to their profession will continue to work loyally and pleasantly in the organization. Our nursing organizations have thus far been remarkably harmonious; as they grow larger and more influential, it behooves us to foster their democracy and good spirit.

The Alumnae Association

The value of the alumnæ organization to the training school and of the school to the alumnæ should be emphasized all through the course, in order that student nurses shall anticipate membership in the alumnæ society. The nurse should ask herself how she can be of use to the association, and how she can use it for her own professional development. The association may be whatever its members wish it to be, and the more members there are who take an active part in it, the more interesting will be the meetings.

Each member should be willing to do her share of work. She should go to the meetings with the intention of making each one a success; and that will be accomplished by bearing her part in discussions, in enter-

taining, and by assisting in other alumnæ work. The alumnæ may become a kind of home circle, where one gets acquainted with old and new graduates, and where one may come for advice or help if either is needed. A great effort should be made to enroll all the graduates, wherever they may be, and some way must be found to keep their interest alive. An alumnæ journal is the best means of accomplishing this; if well edited, it can be made an educational and social factor.

The alumnæ should naturally take an interest in the undergraduate life of the school, and should be ready with criticism and help, and should urge the school on to greater perfection.

Through the alumnæ organization a sick relief fund may be established and supported, and scholarships may be given either to pupils or to graduates. Those who do the work of the society will gain valuable business experience and ability to express themselves in writing or public speech; it will be an excellent training for work in the larger associations in which all nurses should be interested. This is equally true of both small and large alumnæ societies.

The State Association

The next organization to which each nurse owes a duty is the state association. This is the medium through which the graduates from different schools become acquainted, and in various states they have procured registration laws which are stimulating our nursing schools to higher educational standards. These legislative activities have considerably enlarged our horizon. We have been compelled to study the situation in which we are placed.

We know now who are our friends and who are our opponents in their approbation of, or opposition to, our progress.

In the work of the state and national associations, the nurse learns that no school can afford to stand alone on its pedestal of excellence. Unless all our nursing schools, or at least a majority of them, are good, nurses will not be prepared to do the work that we are now being asked to do. In order to give the experience needed by a well-trained general nurse, the large, the small, the general, and the special hospital have had to open their wards to affiliations with each other.

National League of Nursing Education

There are special organizations that exist to promote specialized branches of work. The nurse educators have a National League, which grew out of a narrower association that was organized in 1893, and was called the American Society of Superintendents of Training Schools for Nurses. In it will be found the acknowledged leaders of the nursing profession. Its activities are so vital and its work so potent that the young graduate who is doing any kind of educational work whatever cannot afford to miss the inspiration of the League's conventions.

Although each member who attends the conventions, which are held in different cities from coast to coast, goes at her own expense, the meetings are always well attended. In these meetings are sown the seeds that bear fruit in state laws, university affiliations, and better educational opportunities for nurses all over the country. The improved professional training now

given is due to the efforts of the women who have been and are now members of the League.

The young nurse can begin where the older one leaves off, and can bring to our problems fresher points of view. Many of them have enjoyed educational advantages that the older women lacked. Twenty years ago there were few college women in our ranks. We now have many.

National Organization for Public Health Nursing The youngest and largest of our special organizations, this is the one that binds together those who are doing all sorts of public health work. These workers have their own *Journal,* and are doing a great deal to prevent illness by teaching other nurses how to do preventive work and sending them suitably equipped all over the United States to work in the country, in city slums, in schools, in factories, in milk stations, etc.

American Nurses' Association The nurses in all these organizations are united in one big national association that enrolls many thousands. This association is composed of nurses who have cared enough for their work to spend at least two years (most of them three years) in hospital training; who are registered nurses if they live in states that have registration; who belong to either or both the alumnæ and state associations; and many of them are also members of the National Red Cross. There are of course thousands of nurses, real and make-believe, who do not belong to these associations, but there are none who do not benefit by the work done by these organized women.

The Red Cross

The young graduate allying herself with the organizations in which she may be most useful, and from which she will get the help she needs in her chosen line of work, will also wish to join the Red Cross. There is danger of neglecting this society on account of the uncertainty of a call to service; but for several good reasons the wise nurse will attend to the necessary formalities as soon as she has qualified.

If there was war or other calamity, the Red Cross authorities would call out the nurses who were already enrolled. The nurses who had neglected to place themselves on the list might miss an unusual opportunity for experience and service. The first test of the nursing section of the Red Cross is its preparedness for immediate service. Information concerning enrollment can be procured from the Bureau of Nursing Service of the American Red Cross, Washington, District of Columbia.

The American Journal of Nursing

Since October, 1900, the nurses have published their own *Journal,* the organ of all these societies. It was established, financed, and edited by nurses. At first the private property of a few who were willing to assume a financial risk for the sake of their professional interests, it is now the property of the American Nurses' Association. In it may be found the important facts of nursing history; and every graduate nurse should consider the *Journal* one of the professional publications that she must have, and that her duty is not done unless she tries to contribute something to make it interesting. In it she will find a directory of the various nursing organizations and the addresses of the secretaries.

There are commercial publications that are attractively presented which appeal to the nurse who has not yet learned to discriminate between true and false teaching. The publications and associations that seek to control nursing affairs for commercial purposes only are not merely to be avoided, but are to be exposed.

There are correspondence schools, directories, and some hospitals that exploit the young women who wish to train as nurses, and humbug the public that employs them. So long as these exist, so long must nurses take an active part in urging legislation that will make it illegal for institutions or associations to graduate as nurses women who have not had proper training, and for women to practice as nurses unless they can meet the state's requirements.

The Nurses' Directory

A central directory for nurses, under the auspices of the state or city nurses' association, should exist in every city, in order that nurses who are seeking institution work or private duty nursing may have a reliable place to register. The directory should of course maintain the highest possible standard, and should take only those nurses who have passed the state board examinations, if there is registration in the state, and properly qualified attendants who are willing to work as such. It should seek to do justice to its patrons and to the nurse. The directory has to stand on its merits only, as no doctor owes allegiance to it unless it renders him satisfactory service.

Many a doctor has wasted precious hours in calling up various small directories, when if all the eligible

nurses agreed to register in one place one call would be sufficient if there were a nurse to be procured.

The business experience gained by the nurses in conducting their directory is not the least of its advantages. Many desirable features may develop in connection with directories, such as libraries, clubrooms, educational and social activities in which all registered nurses could participate.

In cities where a central directory exists, the nurses are independent if they wish to change lodging places, and they can also control the rules and regulations governing the directory, making them consistent with a dignified profession.

Superintendents of schools should tell their nurses why it is their professional duty and privilege to support a nurses' central directory. Directories in connection with different hospitals still exist, but they are of limited service, since their enrollment is too small to render large community service.

One of the greatest objections to a hospital directory is the fact that it tends to cultivate an exclusive policy among the graduates of that hospital, rather than a democratic attitude towards all registered nurses.

TOPICS FOR CONSIDERATION

Have you ever heard about government by organized minorities?

What is your opinion about it?

Write a short paper on each of the three national nursing organizations.

Write a paper on the Red Cross nursing service during the world war.

Discuss the advantages of and objections to a central directory for nurses.

What other kinds of directories are there?

Do you think the *American Journal of Nursing* meets the needs of the profession?

What is the latest important nursing organization?

CHAPTER XI

MOLDING PUBLIC OPINION

I know perfectly well that my pen cannot now be called a force, but if I can only use the power of a dove's wing in the right direction I am happy to be able to do so.—*From a letter written by Mrs. James T. Fields a few weeks before her death to Miss Parsons.*

As the majority of hospitals, with the exception of private hospitals under the management of physicians, are superintended by nurses, these nurse superintendents have a great responsibility and opportunity.

Hospital Superintendency A nurse before assuming such a position should picture to herself an ideal hospital and then work for its realization. In the interests of economy, it is better that two or three suburban towns should coöperate in establishing a hospital in some central place, easily accessible by street and motor cars. The fifteen-bed hospital needs as much scientific equipment to do its work well as the seventy-five-bed hospital, and the expense of running the smaller institution will be greater in comparison than for the larger plant.

Health Centers The modern hospital should be a real health center, with accommodations for all classes of patients and with all the necessary departments, suitably equipped. There should be laboratories, X-ray machines, a dispensary, a department of social service,

conveniences for private, semi-private, and free patients; also suitably equipped classrooms and sufficient living accommodations for the necessary staff of officers, nurses, and employees. The hospital should not only be a refuge for the sick, but an educational center where physicians, nurses, and social workers may gain experience. It should extend its educational advantages into the homes of the community that support it.

Experience has proved that it is poor economy for a community to supply hospital care to people who are going back, as soon as they are cured, into exactly the environment that was responsible for their illness. If the hospital cannot follow up its patients to see that they take the home treatment that has been prescribed, or in other ways live so as to retain the benefits gained in the hospital, the patients are almost sure to return repeatedly for treatment.

The doctors and nurses associated with a hospital can do much to educate the community in right living by giving health talks to schools and clubs. Prenatal and postnatal instruction has done wonders in reducing infant mortality wherever such instruction has been given.

Hospital Requirements Before building, the hospital expenses should be estimated and account should be taken of the fact that the hospital cannot be run without nurses and domestics. These essential workers must be suitably provided for. It is often forgotten that the probationers in the preliminary class must also have accommodations; usually they are the last to be considered. The two factors that warrant the

establishment of a hospital are an existing need in the community and the ability to support it. The factors that warrant the establishment of a training school in a hospital are a sufficient amount of material for experience in the various kinds of cases with which a trained nurse should be familiar, either in the hospital or by affiliation with other institutions; classrooms, teaching equipment, and instructors properly qualified for their duties; living accommodations that will accord with the lectures in sanitation, hygiene, and refinement; and finally, funds to maintain the school. The superintendent is the one person who has the facts sufficient to prove to the board of trustees the reasonableness of these demands.

If the hospital cannot provide these necessities for its school, it should pay for graduate nurses in sufficient numbers to care for the patients, or at least to do important nursing. Attendants or domestics should be trained to do the routine part of the ward service.

Hospital Abuses

There are certain abuses that still exist in our hospitals which we must correct as soon as possible. Much depends upon educating the sentiment of the community. It is inconsistent to do social service work for our convalescent patients when at the same time we fail to provide in our hospitals the normal kind of home life, so far as an institution can give it, for the nurses and employees. When they are forced by lack of suitable accommodations to meet their friends outside the hospital, we may be driving them to dangers which later may cause them to become themselves hospital patients.

Hospitals that have arrived at an eight-hour system for their nurses are in advance of the large majority that still have a sixty-hour week. But when one considers that it is eight hours a day, seven days in a week, that meals and four or five hours of class work a week are exclusive of these fifty-six hours on duty, and that preparation for class and recreation must still further encroach on the time for rest, we feel that we are not yet very close to the ideal.

We do not wonder that mothers do not rejoice when their daughters choose nursing as a profession. Yet we love the work so much we are willing to submit to these hard conditions while necessary, realizing that we are all the time improving them. We must not cease our exertions towards the ideal.

There are other conditions that we must contest until they are vanquished. The practice of twenty-four-hour duty in hospitals is entirely unnecessary and ought to be relegated to the past. When a patient in a hospital is ill enough to need continual nursing care, he should have two special nurses. Twelve hours' continuous duty is long enough for any person, except in cases of emergency. Allowing nurses to sleep on cots in small hospital bedrooms is unhygienic as well as a bad precedent.

Private nursing in the home by pupil nurses, without proper observation or regard for their educational interests, along with the excessive use of pupil nurses as specials in hospitals, is a practice to be controlled to the limit of what is just to the nurse.

It is difficult for the hospital to harmonize its duties to the patient and to the nurse in training, but it is no more right to sacrifice the nurse than it is to neglect

the patient. Both are dependent upon the integrity of the hospital administration. There are hospitals that fail to provide trained orderlies or men nurses to perform for men patients certain important duties that should never be done by women nurses unless in times of emergency, when it is impossible to get a man nurse and the patient is suffering for want of attention. The importance of correcting this neglect is particularly urgent now that our nurses are coming to the hospitals at an earlier age than formerly. That certain duties should be performed for male patients by male attendants is as much for the satisfaction of the patient as to protect the sensibilities of the nurse.

Nurses ought to be taught how to do all the duties that may be necessary in times of emergency, but the hospital routine should be such that they may leave the school with as much modesty and natural delicacy as they brought to it when they came as probationers.

Tuition in Nursing Schools

The economic relations now existing between pupil nurses and the hospital are misleading and unsatisfactory. The efficient nurse who has good health pays liberally for her education. The slower pupil, or one who has much illness and is cared for by the hospital, would if accounts were squared find herself considerably indebted to the hospital.

If in the course of our nursing evolution our hospitals would relieve nurses of the unnecessary ward routine of making empty beds, dusting, carbolizing mattresses, etc. (after this work has ceased to have educational value), and in other ways provide enough help so that the pupils could pursue their duties only where there

was something to learn, hospitals would be justified in asking tuition for the educational advantages given to the pupils. Their services would be an equivalent for maintenance, but the class and lecture work should be paid for.

The pupil who could pay her tuition in money should do so each semester, in advance, as is the custom in college. Students who could not afford to do so might be assisted by a loan fund, and after graduation they could as executives or specials pay off their debt in a few weeks. This could be easily done within six weeks as a special nurse, or in three months as a head nurse, unless the tuition was excessive. This would put our training schools on a more dignified basis, and the financial return to the hospital could be used to defray the expenses created by the increase of domestic labor. More and better domestics would be needed, but the hospital could be run with fewer nurses, decreasing the expense of teaching large classes of probationers, usually a third of whom never qualify. The wards would benefit by the change, as the nurses would be free to devote themselves to nursing and the domestic help would not have their time interrupted by classes.

Under our present system, most hospitals are so dependent upon their pupils for the care of the sick that some who ought to be eliminated are retained, rather than that the hospital should suffer a deficiency in numbers. Ethically this ought not to be allowed. A superintendent should feel that once having decided that a nurse is unsuited to the work, she can require the nurse's withdrawal and if necessary employ a graduate nurse in her place.

Publicity No institution can afford to ignore the uses of legitimate publicity. Newspaper reporters may be of the greatest value, or they may do tremendous mischief; it depends usually on the way they are treated by the hospital officials. The public has a right to a certain amount of accurate information concerning the activities of any public or semi-public institution. When well-known people are sick in the hospital, it is better to give correct information about the patient than to have fictitious stories circulated. Nothing should appear that can be construed as an advertisement of any physician, as that is contrary to medical ethics.

It is advisable to invite a reporter to hospital functions, such as anniversary celebrations, nurses' graduations, etc. If reporters are cordially and courteously treated, they will repay by giving the public information that is reliable and helpful to the institution. An institution that is dependent upon charitable contributions and popular donations should be ready to make public its statistics, to give to the public every opportunity to know what kind of work it is doing. An institution that aims to be to the community a health center, and that looks for support from the public, needs a cordial relationship between itself and its patrons; and a special newspaper correspondent might well be a recognized factor in establishing that relationship.

The hospital should have "at homes" when guests are made welcome. It should also be prepared to send to a reasonable extent its officers into the community to teach and to study community needs.

The Influence of the Private Nurse Nurses doing private duty, as well as institution nurses, have an unusual opportunity to interest the many influential people with whom they become intimately acquainted, in nursing education and in the far-reaching results of well-administered hospitals and schools for nurses. Nurses can often secure financial help for any work or society in which they are interested, and they have already been able to do a great deal in procuring legislation favorable to state examination and registration of nurses. It is hoped that private nurses will be the means of interesting their patients and friends in the endowment of training schools for nurses, as it can be easily demonstrated by a thoughtful nurse that such an investment of money would result in better candidates for the schools, better prepared graduates, and better community health.

Advisory Committees The value to an institution of a well-chosen group of people representing the trustees, the medical staff, the alumnæ, the public (and including at least one educator), cannot be overestimated.

The members of the committee must be intelligent, broad-minded, and well-balanced. If they will attend the hospital conventions, read *The Modern Hospital,* and throw the weight of their influence on the side of efficient, progressive administration, they can be most useful to the superintendent and the trustees.

TOPICS FOR CONSIDERATION

Outline your ideal organization for a modern hospital.
Describe an ideal hospital superintendent.

In what ways may private nurses act as educators?

What is the value of publicity?

Name twenty-four leaders in the nursing profession and tell what work each is doing.

Name first text-book for nurses.

Name two nurses who have become popular authors.

CHAPTER XII

LOOKING AHEAD

The man who is worthy of being a leader of men will never complain of the stupidity of his helpers, of the ingratitude of mankind, or of the inappreciation of the public. These things are all a part of the great game of life, and to meet them and not to go down before them in discouragement and defeat is the final proof of power.—*Elbert Hubbard.*

The next great development will probably be the endowment of nursing schools, the advancement of nurses to more technical duties, and an abandonment of the superfluous manual part of our present work. As nursing schools become real schools, it is probable that a tuition system will in time become common, and the numbers of so-called trained nurses will decrease in proportion to the number of hospitals. No doubt the trained attendant will to a great extent take her place in private practice and in hospitals.

There are types of nurses, however, that we have never seriously considered. Are we going to leave them out forever? What part are men nurses to play in the future? What will be our attitude towards attendants? Have we reached the place in our evolution as nurses where we can afford to be democratic and generous? If not, why not?

Unfortunately as schools are now organized in connection with hospitals that depend upon the pupils for the care of patients, a superintendent must shape her policy so as to attract candidates. Although she may wish to follow some liberal conviction, she must

consider the school in all its relations. It is not as if she had a private school of her own with which and in which she could try social experiments at her own risk. If it is one's desire to build up a popular school with high standards, the applicants must be chosen carefully, with regard for the social customs and prejudices of the class of people from whom the probationers are to be selected.

Economic independence of training schools and public sentiment favoring a true democracy would be essential if we desire to establish a more liberal policy in relation to all applicants. Nurses can scarcely do better than to aim toward a system that recognizes a standard based on equality of opportunity for all people who meet the essential requirements of character, education, and refinement, regardless of color, nationality, or religion.

Men Nurses Considering how essential men nurses are, the medical world has been singularly apathetic in making any effort to improve their status. It may be conceded that most of them at present go into the work simply to get a job, and that the best men now doing the work are usually making it a stepping-stone to something else. In spite of these facts, men nurses are a necessity for certain kinds of cases where physical strength is needed as well as skill. There are certain conditions and circumstances where men patients prefer and ought to have men nurses instead of women. Alcoholics and certain types of genito-urinary and mental cases need intelligent, well-trained men nurses. We need them in our institutions, and yet, what are we

doing to make such work attractive and desirable, or what can we do to make it so?

The answer is simple, for I believe that the same means that have made training schools attractive to women will also prove effective in attracting more of the right type of men. Furnish comfortable living conditions, give men students good instruction and a chance to do real nursing, treat them with courtesy and respect, and the results will justify the effort. Several doctors who worked their way to a medical degree by their nursing skill have said the experience gained was invaluable.

The fact that educated, refined men will seldom use the profession except as a stepping-stone to another profession is no more reason for neglecting to avail ourselves of their services when we can get them than it would be to say that because many women nurses marry and never practice as nurses we should cease to train them.

Women nurses having been longer in the field should be the first to recognize the value to the work of well-trained men nurses, and they should do their part towards giving men an opportunity for obtaining such training.

Trained Attendants

Nurses have been almost as much prejudiced against trained attendants as physicians have been towards trained nurses. The reason we have given for our prejudices is that partially trained women will practice as trained nurses. So physicians have feared that nurses would assume medical duties. In the early days of trained nursing, it is probable

that the skill with which nurses learned to do the manual part of their work is what made them popular. Certainly it could not have been the theoretical or scientific instruction received! Women with limited education were able in those early days to become satisfactory bedside nurses. The need of educated, cultivated women was felt chiefly when filling executive positions or when patients needed companionship.

In these days of scientific treatment and of advancement in medicine, an educated as well as an intelligent nurse is usually necessary, and even for ordinary hospital nursing in the institutions used for teaching purposes. There is, however, much of the work that can be passed on to attendants, and there are many cases for which they could care acceptably and safely. In many hospitals and in many private cases the trained attendant who could make good beds, give baths, take temperatures, serve trays, give enemata and douches, and medicines that had been prepared would be a blessing and would meet all needs. Many times when the trained nurse is caring for hard cases, she could take time for sleep and exercise if she had a good attendant to relieve her.

The nurse should be as ready to relinquish or to teach any part of her work to another who is able to be taught as is the liberal-minded physician when he passes on some of his responsibilities to the nurse. We should be glad to teach home nursing and to let others share as far as possible our useful knowledge. Nurses are right in demanding educational standards and recognition for nursing education; but the field is large enough for the doctor, the trained nurse, and the trained

attendant, *if all are known for what they are* and do not pose as something else. Compulsory registration for graduates will protect the public.

Advancement Since the establishment of the first school for trained nurses at St. Thomas Hospital in London, we have advanced a little way towards better nursing conditions. We have registries and clubhouses; we have compiled text-books; we have edited journals; we have procured examination and registration in many states, and in some states the law is compulsory. But we have only begun our work. The first nurse in America to receive a diploma is still living, as are several of our pioneers. They have put their training to the test; they know approximately what the newer generation requires in order to do better work. They have worked for our advantage, and it is our privilege to set the standard higher for the benefit of those who will follow us.

From a limited field of opportunity, comprising institution work and private duty, we have seen the nurse called into at least twenty distinctly different lines of work, all of them important and interesting.

Schools and colleges, as well as nursing schools, are seeking properly qualified nurse-instructors for both practical nursing and theory. The instructors may be residents or non-residents.

The call for nurses to take up office work as dental hygienists and as X-ray technicians, at salaries ranging from $600 to $1,200 per year, with maintenance, are among the latest opportunities.

Approaching the Ideal In surveying the field, one sees that the tendency to tie up our schools with universities is emphasizing the scientific and theoretical part of the education of nurses. That they are being taken away from the practical side of the work is not true as some people say, because in our leading schools the practical methods have never been taught or practiced so thoroughly as they are today, and never have the schools planned so laboriously to provide practical experience. This has been brought about in all its fundamental branches by the influence of state examination and registration.

With a generous endowment for the training school, so that the economic necessities of the hospital need not conflict with the educational needs of the school, we may hope to develop an ideal system of theory and practice.

The Goal Where our special training will lead us next remains to be seen, but it behooves us to prepare ourselves as thoroughly as possible, so that we may be equal to our opportunities.

Those who are educating the nurse of the future must realize that in every sense of the word the best-equipped women are needed, and that they must be actuated by the professional motive which is defined thus by Florence Nightingale:

"The professional motive is the desire and perpetual effort to do the thing as well as it can be done, which exists just as much in the nurse as in the astronomer in search of a new star, or in the artist completing a picture."

No place is closed to the nurse. She goes to the palace and the hovel, into schools and factories; she works with men, women, and children; she works with Christian and pagan; she is necessary in times of peace and in times of war. Her contact with people is comparatively permanent, while that of the physician or the social worker is transient. If the nurse has the gospel of health to carry to the people, her opportunities are limitless. We have only to go on keeping our ideal before us, working for the good of all with our best skill. By so doing we shall make history worthy of the past and full of promise for the future.

No one is wise enough to predict what the next step will be, but of this we may be sure: it is towards a condition of general health and sanity that we trust will bring the world to a state of civilization worthy of comparison with that of the Hindus, four centuries before Christ.

"Theft was unknown, the people temperate; falsehood held to be an iniquitous thing; the people enjoyed to a great extent immunity from disease; maturity was early and life prolonged. There was no compulsory or unpaid labor; cultivators lived on their land and paid a share of their produce to the king; food was abundant; roads were good, with sheltering avenues; . . . inns and other establishments for strangers were everywhere, including hospitals and dispensaries. At intervals there were rich towns and cities, the houses large and beautiful, the streets well watered, the gardens full of flowers and fruit trees; . . . the people prosperous and happy; none were poor or fed on unclean things." [1]

[1] "Medicine in Ancient India," by Surgeon General C. A. Gordon, M.D. London, 1887.

TOPICS FOR CONSIDERATION

What are the progressive movements concerning nurses and nursing education?

Name the latest professional opportunities for graduate nurses.

Write a short history of the Army School of Nursing.

Write a short paper on the Schools for Colored Nurses. On Schools for Men Nurses.

What do you know of the status of the army nurse?

Name other nursing publications than those we have already discussed.

Name the influences that are opposed to progressive nursing education and legislation.

What is the status of nursing schools in hospitals for the insane?

Tabulate the different branches of nursing work, with sub-heads.

Write a short paper on personal qualifications of nurse for each type of work.

Specify desirable professional qualifications and preparation for executive positions in each line of work.

Write a paper on one or more of the following subjects:—

The development of private nursing to its highest plane.

The besetting temptations of each type of nursing work.

The budget system for personal expenses.

Uniform, dress, and social resources.

Business ethics and economy.

Preliminary steps before taking a new position.

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